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U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

PUBLIC HEALTH PERSONNEL, FACILITIES, AND SERVICES IN LOCAL AREAS

Analysis of information
submitted to the
Public Health Service
in
Report of Public Health Personnel, Facilities, and Services
as of December 31, 1951

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TABLE OF CONTENTS

	Page
Introduction	ix
Extent of Coverage by Full-Time Local Health Organizations	1
Population Data	1
Areas Reporting Full-Time Local Health Service	1
Personnel Engaged in Local Public Health Programs	12
Personnel Employed by Official Health Agencies	12
Distribution of Personnel Among States	12
Distribution of Personnel by Type of Local Health Organization	15
Full-Time Personnel of Four Basic Classes Related to Minimum Staffing Requirements	17
Merit System Coverage of Full-Time Employees of Official Health Agencies	21
Personnel Employed by Official Agencies Other Than Health Agencies	24
Selected Public Health Services and Clinical Facilities	26
Public Health Services	26
Clinical Facilities	31
Selected Community Sanitation Facilities and Services	39
Summary	45
Appendices	46
Appendix A (Public Health Services and Clinical Facilities).....	46
Appendix B (Sanitation Facilities and Services).....	67

Number of Additional Full-Time Health Agency Personnel of Each Designated Type Needed in Each State to Staff Reporting Health Organizations According to Recommended Minimum Staffing Requirements, and Number of Organizations with Deficiencies in Each Type of Personnel--TABLE 10	22
---	----

Extent of Coverage of Official Health Agency Personnel by a Merit System--TABLE 11	23
---	----

Percent of Official Health Agency Personnel Employed Under a Merit System in Each Reporting Health Organization, Arranged in Percentage Groups, and Number and Percent of the Organizations Represented in Each Group--TABLE 12	23
--	----

Personnel Employed by Other Official Agencies--

Number of Full-Time Public Health Workers of Different Classifications Employed by Other Official Agencies Rendering Some Type of Health Service in Local Areas with Full-Time Health Organization--TABLE 13	25
---	----

PUBLIC HEALTH SERVICES AND CLINICAL FACILITIES:

Public Health Services--

Number and Percent of Health Jurisdictions Having Designated Types of Health Services Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies-- TABLE 14	27
---	----

Number and Percent of Reporting Health Jurisdictions, by Type of Health Organization, Having Designated Health Services Provided by Official Health Agencies, Other Official Agencies, or Voluntary Agencies--TABLE 15	28
---	----

Clinical Facilities--

Number of Clinical Centers of Designated Types Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, by Frequency of Clinic Sessions, and Number of Health Jurisdictions with Designated Clinical Centers Operated by Each Type of Agency--TABLE 16	33
--	----

Number and Percent of Reporting Health Jurisdictions, by Type of Health Organization, Having Designated Clinical Centers Operated by Official Health Agencies, Other Official Agencies, or Voluntary Agencies--TABLE 17	34
--	----

Percent of Urban Population Served by Designated Approved Sanitation Facilities, Arranged in Percentage Groups, Showing Number and Percent of Full-Time Health Organizations Represented in Each Group for Each Type of Facility--TABLE 18	40
Percent of Milk Sold for Public Consumption that is Pasteurized, Arranged in Percentage Groups, Showing Number and Percent of Full-Time Health Organizations of Each Type Represented in the Various Groups--TABLE 19	42
Percent of Food Handlers Attending Food Sanitation Training Courses during the Year, Arranged in Percentage Groups, Showing Number and Percent of Full-Time Health Organizations of Each Type Represented in Each Group--TABLE 20	44

APPENDICES

APPENDIX A (Public Health Services and Clinical Facilities):

Number of Jurisdictions and Counties with Public Health Services Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies—	
Chest X-rays for tuberculosis case finding--TABLE 1	46
Corrective services (children)	
Vision--TABLE 2	47
Dental--TABLE 3	48
Hearing--TABLE 4	49
Followup for cancer patients--TABLE 5	50
Bedside nursing care for cancer patients--TABLE 6	51
Topical fluoride application--TABLE 7	52
Diabetic group instruction--TABLE 8	53
Number of Photofluorographic Units for Tuberculosis Case Finding Operating in Local Health Jurisdictions, and Number and Percent of Jurisdictions and Counties with Such Service--TABLE 9	54
Number of Jurisdictions in Each State Reporting Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency—	
Maternal and child health	
Well-child--TABLE 10	55
Maternity--TABLE 11	56
Crippled children (general)--TABLE 12	57

EXTENT OF COVERAGE BY FULL-TIME LOCAL HEALTH ORGANIZATIONS

Latest information available to the Public Health Service indicates progress in extending the coverage of full-time local health organizations. As of July 1, 1952, there were 1,333 health organizations providing full-time local health services. These organizations serve 1,637 counties, include 279 cities, and cover areas with a combined population of approximately 120 million. As compared to the previous year, these figures represent an increase of 40 organizations, 95 counties, 3 cities, and approximately 7 million people with full-time local health services.

This analysis is based, however, only on the 1,268 health organizations submitting the Report of Public Health Personnel, Facilities, and Services to the Public Health Service as of December 31, 1951. Reporting organizations covered 1,627 counties and served areas in which 117 million people reside.

Population Data

Population data used by the Public Health Service to determine coverage was estimated. Estimates were derived from two sources because of the difficulty during intercensal years in securing current population figures for local areas. Some States regularly make local estimates for intercensal years, while others do so only when specific needs demand.

The National Office of Vital Statistics was requested to secure the most recent estimates of local populations from those States which had prepared them. While practically all of the States replied to the requests for estimates, only about half indicated that population estimates for local areas were made regularly. The current estimates supplied were used but were carried forward to January 1, 1952, by projection. (Most of the estimates supplied by the States differed little from the results obtained by arithmetic extrapolation of the decennial data for 1950.) For those States which did not submit estimates, populations for local areas were carried forward from 1950 to 1952, by projection.

National totals, the sum of State totals obtained by the above methods, do not agree exactly with the population estimate of the Bureau of the Census as of January 1, 1952. However, they present as realistic a picture of local populations as was possible to obtain.

Areas Reporting Full-Time Local Health Service

As stated previously, reports were received from 1,268 health organizations providing full-time local health services. These organizations were located in 47 States and the District of Columbia. No reports were received from Vermont, since that State has no full-time local health organizations. Reporting units covered 1,627 counties and included 209 cities. The combined population residing in these areas numbered 117,000,296, or 75.8 percent of the total U. S. population.

There are four distinct types of local health organizations, as follows:

1. Single county health units - serve a single county and may or may not serve the city or cities therein, depending upon the existence of separate city health units.
2. City health departments - serve a single city. In three instances such departments serve seven entire counties because of conterminous boundaries. These cities are New York (serving five counties), Philadelphia, and New Orleans.
3. Local health districts - serve two or more counties or other types of local governmental units. In such districts contiguous counties or municipalities have combined their resources and formally organized a single operating health unit with control vested in local authority and directed by one health officer or administrative head.
4. State health districts - render actual local services to counties or municipalities. In such districts control is vested in the State, but the unit acts as a substitute for a locally administered health unit. Such units are classified as "State health districts (actual service)."

This analysis does not include data from State health districts which primarily render supervisory and advisory services, although reports were received from them. Data for counties and cities geographically located within such districts but served by separate full-time local health departments are included.

Single county units reporting in 1951 accounted for 55.7 percent of all health units reporting. They served 23.1 percent of the total counties in the United States and 32.1 percent of the total estimated population of the country. (See table 1.)

City health departments submitting reports totaled 209, or 16.5 percent of the total units reporting, and served 28.5 percent of the estimated population of the country.

Local health districts comprised 22.9 percent of the aggregate units and served 710, or 23.1 percent of the counties in the United States. The estimated population of these counties amounted to 9.5 percent of the total population.

State health districts of the actual service type--the only State districts included in this analysis--constituted 4.9 percent of the reporting units, covered 203, or 6.6 percent of all counties, and served 5.7 percent of the estimated population of the country.

The number of above-mentioned units of various types reporting in 1951 showed a net increase of 75 over the number reporting in 1950. Additional

Table 1.--Extent of Coverage of the Country by Health Organizations
of Designated Types Reporting Full-Time Local Health Service
December 31, 1951

Type of area	Full-time health organizations		Counties		Population ^{1/}	
	Number	Percent	Number	Percent	Number	Percent
All areas	—	—	3,070	100.0	154,419,395	100.0
Health departments reporting full-time local health service	1,268	100.0	1,627	53.0	117,000,296	75.8
Single county	707	55.7	(707)	(23.1)	(49,606,300)	(32.1)
City health department	209	16.5	(7) ^{2/}	(0.2)	(43,999,963)	(28.5)
Local health district	290	22.9	(710)	(23.1)	(14,580,822)	(9.5)
State health district (actual service)	62	4.9	(203)	(6.6)	(8,813,211)	(5.7)
No health department reported	-	-	1,443	47.0	37,419,099	24.2

^{1/} Estimated population, January 1, 1952. Data for States making local population estimates were extrapolated to January 1, 1952; otherwise, 1950 Census data were extrapolated to January 1, 1952.

^{2/} Includes 7 counties which are served by city health departments, the county and city being conterminous. The cities involved are: New Orleans, New York (5 counties), and Philadelphia.

counties covered totaled 87, and the gain in population coverage amounted to 5.1 percent. The differences between 1950 and 1951 in number of reporting units of different types were as follows: Single county units, increase of 35; city health departments, increase of 33; State health districts, increase of 15; and local health districts, decrease of 8.

Although the increases represent the establishment of new units in several States, for the most part they result from more comprehensive reporting. Particularly, this was true with respect to the gain over 1950 of 33 city units. A shift in classification of State health districts in Wisconsin from the supervisory and advisory type to the actual service type accounted for a sizable part of the gain shown for 1951 in the latter type of health organization, as well as for the overall increase in number of counties covered by all types of health organizations. While several new single county organizations were reported in 1951, some of this increase was the result of several counties shifting from the local district to the single county type of organization. This shifting accounted for the loss of eight local health districts.

Table 2 gives a breakdown of the coverage of full-time health organizations in each State according to population and number of counties served. There were 11 States in 1951 in which all counties were covered by full-time local health organizations. In several of these States, State health district organizations provided direct services to areas which have not organized locally for full-time public health services. As for population, nine States and the District of Columbia had 100 percent coverage.

A grouping of the States according to the percent of each State's population covered by full-time health organizations is presented in table 3. The 9 States mentioned above, with complete population coverage, and the District of Columbia comprised 20.5 percent of the Nation's population, or 31,674,612 people. Eighteen States had between 75 and 99 percent of their population residing in areas served by full-time local health organizations. The population of these States totaled 61,437,647, or 39.8 percent of the Nation's population. Thus, 60.3 percent of the population of the entire country was reported in States with 75 percent or more of the residents protected by full-time local health services. On the other hand, there were 6 States with a combined population of slightly more than 5,000,000, representing 3.3 percent of the population of the country, in which less than one-fourth of the residents had full-time local health services available.

As compared to similar figures for the previous year, the most significant difference is that, in 1950, 17 States had less than 50 percent of their population living in organized areas, whereas in 1951 the comparable figure had dropped to 10 States. The State of Vermont, which has no full-time local health organizations, is included in the count for both years. The percentage of the Nation's total population residing in these States amounted to 27.9 percent in 1950 as compared to 11.8 percent in 1951.

Table 2.--Population of Reporting Areas in Each State Having Full-Time Local Health Service,
Number of Health Organizations Represented, and Number of Counties Included
December 31, 1951

State	Total population	Areas reporting				Total counties in each State
		Population	Percent of total population	Number of health organizations	Number of counties included	
Totals	154,419,395 ^{1/}	117,000,296 ^{1/}	75.8	1,268	1,627 ^{2/}	3,070
Alabama	3,119,476	3,119,476	100.0	67	67	67
Arizona	783,000	645,250	82.4	8	7	14
Arkansas	1,902,532	1,677,083	88.2	27	65	75
California	11,230,019	10,827,705	96.4	48	38	58
Colorado	1,360,403	931,407	68.5	9	21	63
Connecticut	2,059,437	1,135,966	55.2	16	-	8
Delaware	323,243	323,243	100.0	4	3	3
Dist. of Columbia	834,395	834,395	100.0	1	-	-
Florida	2,941,286	2,657,950	90.4	38	65	67
Georgia	3,500,728	2,862,057	81.8	49	94	159
Idaho	599,795	370,798	61.8	5	21	44
Illinois	8,854,790	5,960,661	67.3	28	24	102
Indiana	4,022,855	1,119,086	27.8	9	6	92
Iowa	2,635,564	259,959	9.9	2	2	99
Kansas	1,975,476	1,036,813	52.5	15	16	105
Kentucky	3,035,200	2,949,689	97.2	75	112	120
Louisiana	2,713,474	2,654,085	97.8	59	59	64
Maine	925,419	925,419	100.0	10	16	16
Maryland	2,426,129	2,426,129	100.0	24	23	23
Massachusetts	4,755,928	1,597,276	33.6	9	1	14
Michigan	6,957,488	6,313,891	90.7	50	69	83
Minnesota	3,015,765	1,086,279	36.0	4	6	87
Mississippi	2,178,060	2,151,682	98.8	59	80	82
Missouri	3,984,401	2,361,623	59.3	24	23	114
Montana	596,548	123,839	20.8	4	4	56
Nebraska	1,327,204	476,915	35.9	4	4	93
Nevada	168,805	107,174	63.5	2	2	17
New Hampshire	540,544	83,615	15.5	1	-	10
New Jersey	4,920,268	2,983,568	60.6	65	-	21
New Mexico	705,931	705,931	100.0	10	32	32
New York	14,992,631	14,992,631	100.0	39	62	62
North Carolina	4,147,731	4,147,731	100.0	69	100	100
North Dakota	615,734	324,011	52.6	8	28	53
Ohio	8,128,455	6,199,231	76.3	66	57	88
Oklahoma	2,235,282	1,782,503	79.7	29	47	77
Oregon	1,587,508	1,437,977	90.6	19	23	36
Pennsylvania	10,602,632	5,337,715	50.3	25	1	67
Rhode Island	805,642	699,967	86.9	6	5	5
South Carolina	2,155,041	1,889,050	87.7	46	46	46
South Dakota	654,451	109,071	16.7	2	2	68
Tennessee	3,361,744	3,006,485	89.4	59	84	95
Texas	7,938,058	5,000,299	63.0	47	56	254
Utah	713,109	713,109	100.0	10	29	29
Vermont	380,987	*	*	*	*	14
Virginia	3,407,062	3,154,421	92.6	49	85	100
Washington	2,491,448	2,207,981	88.6	19	24	39
West Virginia	2,023,678	1,752,489	86.6	27	46	55
Wisconsin	3,486,548	3,486,548	100.0	21	71	71
Wyoming	297,491	50,113	16.8	1	1	23

^{1/} See footnote 1, table 1, page 3.

^{2/} Includes 7 counties which are served by city health departments, the county and city being conterminous. The cities involved are: New Orleans, New York (5 counties), and Philadelphia.

* Vermont has no full-time health organizations rendering local health service.

Table 3.--Percent of Each State's Total Population Covered by Full-Time Health Organizations, Arranged by Percentage Groups, Showing Number of States and Total Population of the States within Each Group
December 31, 1951

Percentage group	Number of States	Population ^{1/}	
		Number	Percent
Totals	49	154,419,395	100.0
None	1	380,987	0.2
1 - 24	5	4,724,598	3.1
25 - 49	4	13,121,752	8.5
50 - 74	11	43,079,799	27.9
75 - 99	18	61,437,647	39.8
100	10	31,674,612	20.5

^{1/} See footnote 1, table 1, page 3.

Some concept of the diversity of health organization patterns within States, as well as throughout the country, may be gained from figure 1. There is shown for each State the proportion of the population served by the different types of health organizations. As many as 20 States had three types of health organizations. Thirteen States had only one type of organization.

The varied functions of local health departments require the utilization of specialized personnel. In order to use effectively and economically a staff of professional and technical personnel necessary to provide the generally accepted services, it is desirable that the minimum population of an organized area be not less than 35,000 and preferably 50,000 persons. Relatively few units of local government have a population of 35,000.

Table 4 shows the distribution of health organizations according to population size. These figures reflect the need for the development of local health units serving more populous areas. More than one-third of the reporting units covered areas having less than 35,000 persons. This population group comprised 44.4 percent of the single county units, 23.4 percent of the city health departments, 31 percent of the local health districts, and 6.5 percent of the State health districts.

There were 21.1 percent of the reporting units in the 35,000 to 50,000 population group, which percentage, when combined with the previous group, results in 57.1 percent of the total units covering populations of less than 50,000. Despite the fact that many units of the district type frequently

Figure 1—PERCENT OF EACH STATE'S TOTAL POPULATION COVERED BY VARIOUS TYPES OF LOCAL HEALTH ORGANIZATION

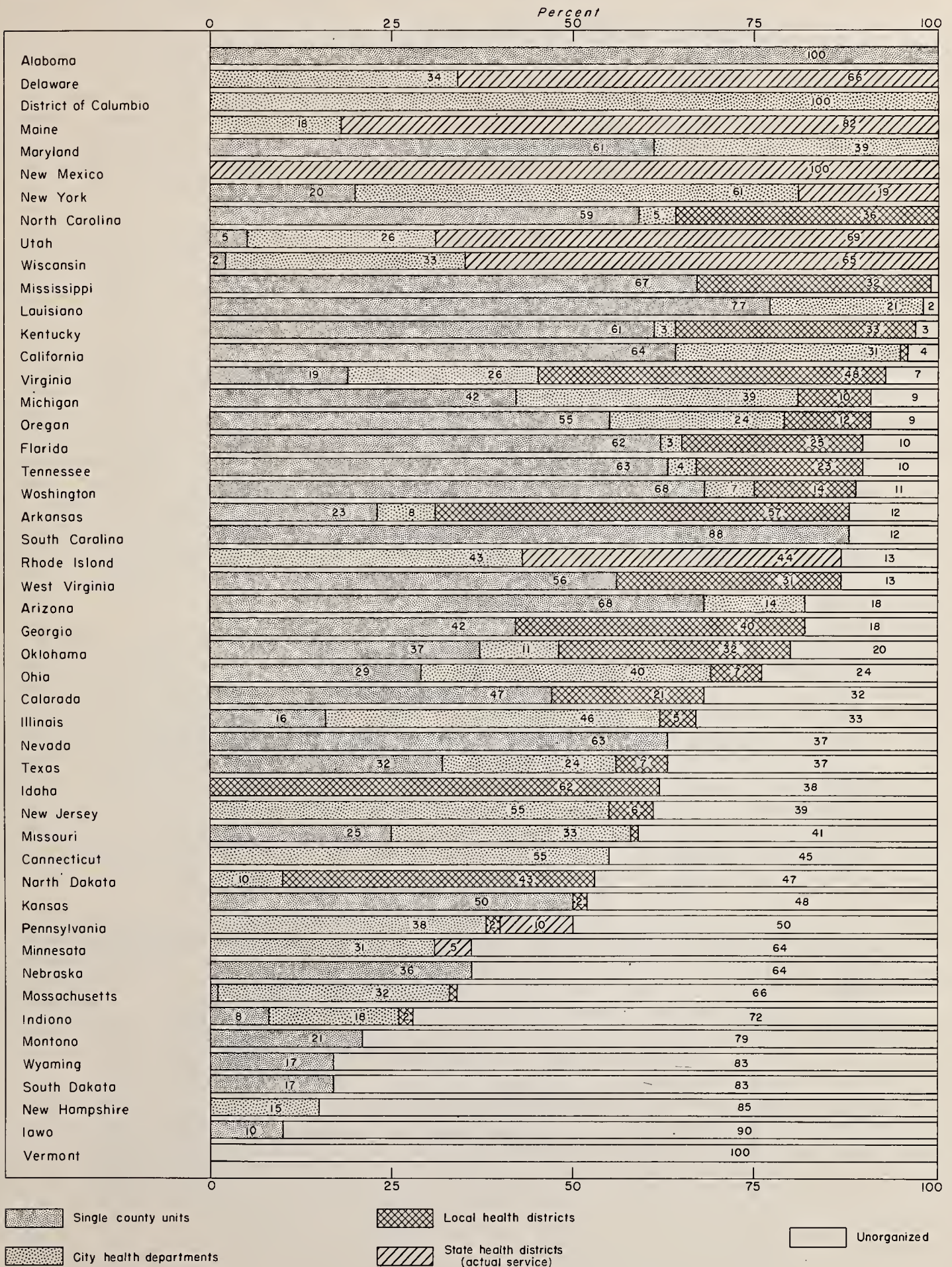


Table 4.--Distribution of Full-Time Health Organizations, by Type of Organization, and by Designated Population Groups
December 31, 1951

Population group ^{1/}	Total organizations		Single county		City health department		Local health district		State health district (actual service)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Totals	1,268	100.0	707	100.0	209	100.0	290	100.0	62	100.0
Under 35,000	457	36.0	314	44.4	49	23.4	90	31.0	4	6.5
35,000 - 50,000	267	21.1	138	19.5	30	14.3	93	32.1	6	9.7
50,000 - 100,000	306	24.1	150	21.2	57	27.3	90	31.0	9	14.5
100,000 - 250,000	172	13.6	79	11.2	41	19.6	17	5.9	35	56.4
250,000 - 500,000	38	3.0	15	2.1	16	7.7	-	-	7	11.3
500,000 or over	28	2.2	11	1.6	16	7.7	-	-	1	1.6

^{1/} See footnote 1, table 1, page 3.

comprise three or more counties or municipalities, 31 percent of the local health districts and 6.5 percent of the State health districts included populations of less than 35,000. A slightly higher proportion of each type appeared in the 35,000 to 50,000 population interval.

Almost one-fourth of the units were represented in the 50,000 to 100,000 population group. The percentage distribution of the various types of organizations in this group was as follows: 21.2 percent, single county units; 27.3 percent, city health departments; 31 percent, local health districts; and 14.5 percent, State health districts.

Only 13.6 percent of the units appeared in the 100,000 to 250,000 population interval. The majority of the State health districts--56.4 percent--was included in this interval. Relatively few units served areas exceeding 250,000, the percentage amounting to little more than 5 percent.

The combination of several local governmental areas to form an organized framework for full-time public health service presents problems. One of the problems may well be that the expanse of the area containing a desirable minimum population is too great for effective and economical operation of a health department. This consideration is particularly significant in the sparsely settled Rocky Mountain and southwestern States. The health department staff can reach the residents of the area quickly and economically if the area to be served is not too large. Current organizations for the most part cover an area not exceeding 2,500 square miles, which roughly is equivalent to 50 miles in diameter.

Table 5 gives a breakdown of the various types of full-time organizations according to land area. Almost three-fourths--specifically 73.8 percent--of the reporting units had land areas of less than 1,000 square miles. (Included within this grouping are the 209 reporting cities in which land area has no particular significance.) Population represented in these areas likewise amounted to nearly three-fourths of the population of the reporting units. Single county units made up a large proportion of the organizations serving areas under 1,000 square miles, 587 of the 707 single county units falling in this group. Of the 290 local health districts, 127 served areas of less than 1,000 square miles. Twelve of the 62 State health districts also appeared in this land area grouping.

Approximately 17 percent of the total organizations covered areas of between 1,000 and 2,500 square miles. Represented in the land area groups ranging from 2,500 to 10,000 were 98 units serving slightly less than 12 million persons. Over a fourth of these were State health districts. Only 20 organizations, or 1.6 percent, served areas of 10,000 square miles or more. Thirteen of these organizations were State health districts.

Figure 2 gives a visual presentation of the areas of the country having full-time public health protection. The lack of organized health services available on a full-time basis is striking in the Rocky Mountain area, the Middle West, and in some sections of New England and the Southwest.

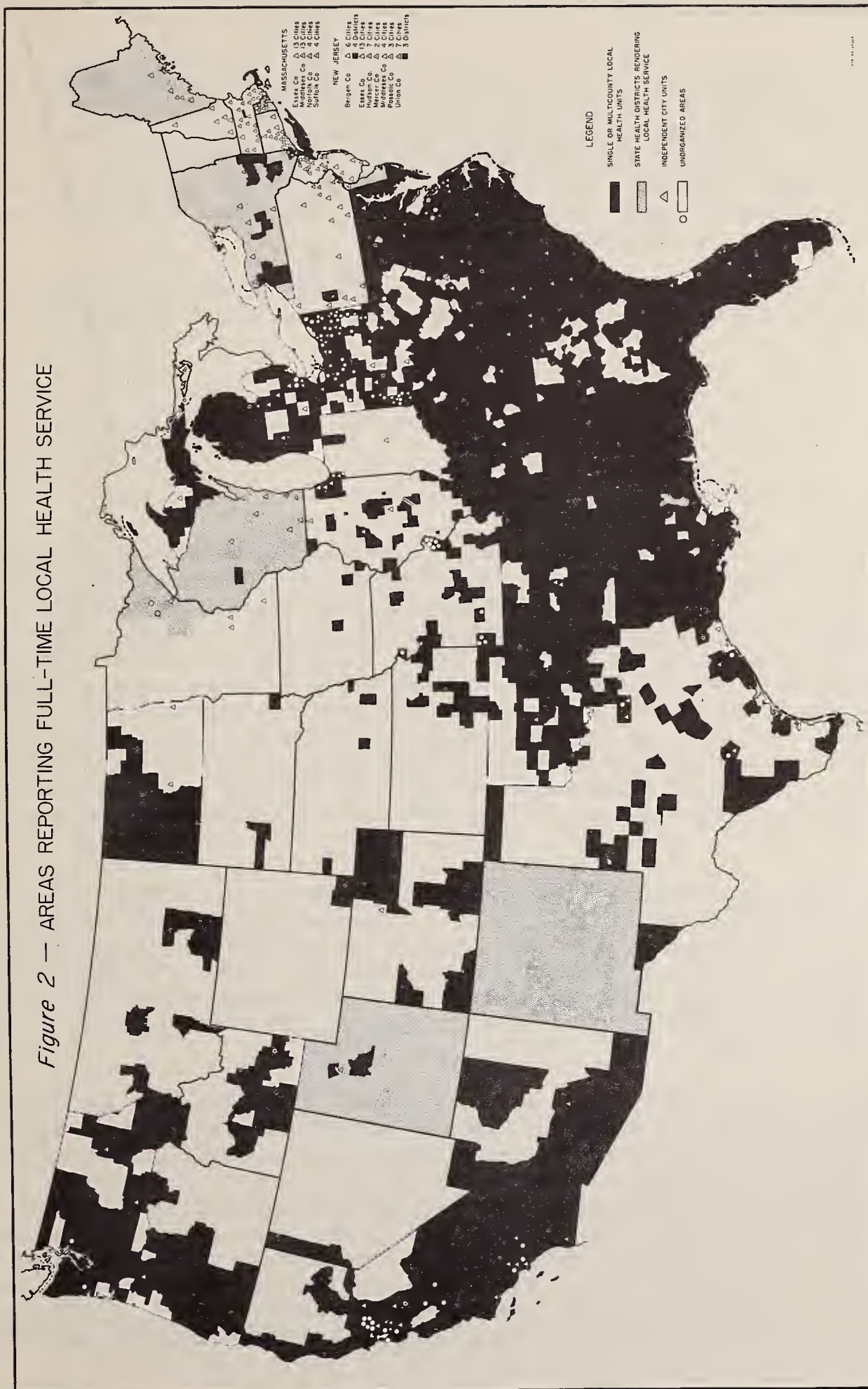
Table 5.--Distribution of Full-Time Health Organizations of
Different Types According to Land Area
December 31, 1951

Area in square miles	Population ^{1/} represented	Full-time health organizations of designated types					
		Total organizations		Single county	Local health district	State health district (actual service)	City health department
		Number	Percent				
Totals	117,000,296	1,268	100.0	707	290	62	209
Under 1,000	86,715,018 ^{2/}	935	73.8	587	127	12	209
1,000 - 2,499	17,004,383	215	16.9	83	121	11	-
2,500 - 3,999	5,379,981	43	3.4	14	22	7	-
4,000 - 5,499	2,761,742	23	1.8	10	7	6	-
5,500 - 6,999	1,512,549	13	1.0	4	5	4	-
7,000 - 8,499	1,559,129	12	0.9	3	3	6	-
8,500 - 9,999	672,637	7	0.6	2	2	3	-
10,000 or over	1,394,857	20	1.6	4	3	13	-

^{1/} See footnote 1, table 1, page 3.

^{2/} Of this population, 43,999,963 reside in cities in which land area is of no significance.

Figure 2 — AREAS REPORTING FULL-TIME LOCAL HEALTH SERVICE



PERSONNEL ENGAGED IN LOCAL PUBLIC HEALTH PROGRAMS

As of December 31, 1951, there were 41,457 full-time public health workers employed by official agencies. These agencies included full-time local health units and other governmental agencies such as boards of education and welfare departments which engage in local public health work. Represented in this count were 323 public health nurses employed by voluntary agencies and working full time under contract for official health agencies. No other personnel data are reported for nonofficial agencies.

Personnel of official health agencies and those performing health services under the administration of other official agencies are discussed separately.

Personnel Employed by Official Health Agencies

Distribution of Personnel Among States

The number of full-time employees of official health agencies (full-time local health units) totaled 34,194, including the 323 nurses working under contract, as mentioned above. More than half these public health workers were reported by local official health agencies located in eight States-- New York, California, Ohio, Michigan, Texas, Pennsylvania, Illinois, and North Carolina. However, local health departments in these States covered 50.2 percent of the country's population residing in areas having full-time local health services. On the other hand, less than 100 full-time public health workers were employed by local official health agencies in 9 States. Health organizations in these States served only slightly more than one percent of the population covered by full-time local health services throughout the country.

The number of workers reported in 1951 represents an increase of 1,030 over the number reported in 1950. This increase was distributed among 31 States, 17 of which had no more local health units reporting in 1951 than in 1950. Growth in staff of local health departments in these 17 States amounted to 420 employees. Conversely, as many as 15 States showed a loss of personnel. The only sizable reduction was in New York State, which accounted for a loss of over 500 workers.

Table 6 summarizes by State and by personnel classification the number of persons employed on a full-time basis by official health agencies providing local health services. Rather extensive professional and technical skills are represented on local health department staffs. The types of personnel required to staff local units are primarily dependent on the scope of services rendered. Approximately one-third of the total number of employed workers were nonprofessional and nontechnical personnel. Of the professional groups, the nursing group was by far the largest. Public health nurses constituted almost one-third of all personnel, the number totaling 11,251. In addition, there were 611 clinic nurses employed by official health agencies.

Table 6.--Number of Full-Time Personnel of Different Classifications Employed by Official Health Agencies in Local Areas with Full-Time Health Organization
December 31, 1951

State	Total	Public health physicians	Public health dentists	Dental hygienists	Public health nurses	Clinic nurses	Engineers	Professional sanitarians	Other sanitation personnel	Veterinarians	Laboratory personnel	Health educators	Nutritionists	Physical therapists	X-ray technicians	Medical social workers	Public health investigators	Analysts and statisticians	Clerical personnel	Maintenance, custodial, and service personnel	All others	
Totals	34,194 ¹	1,447	237	340	11,251 ¹	611	324	3,723	2,648	323	1,293	262	76	65	298	186	424	177	7,710	1,745	1,054	
Alabama	635	40	1	1	190	1	3	85	61	16	18	5	-	-	1	1	4	1	148	41	18	
Arizona	133	5	-	-	48	10	1	27	3	1	2	1	-	-	3	-	2	-	23	4	3	
Arkansas	234	8	-	-	80	7	1	49	-	-	1	1	-	-	-	-	4	-	79	3	-	
California	3,696	192	16	12	1,016	163	18	666	87	12	158	40	10	9	30	40	62	35	881	151	98	
Colorado	300	10	-	-	100	30	3	46	21	7	10	3	-	-	1	1	1	3	53	7	3	
Connecticut	379	19	2	25	173	3	1	23	29	2	18	2	-	-	4	1	1	2	67	4	3	
Delaware	87	4	-	4	33	-	-	13	2	-	3	-	-	-	-	-	13	1	14	-	-	
Dist. of Columbia	702	31	11	19	141	-	8	-	82	12	24	3	1	6	7	35	6	5	181	100	30	
Florida	793	45	5	1	262	17	7	29	132	4	4	22	1	-	9	1	12	2	166	26	49	
Georgia	977	37	2	6	355	54	23	95	40	8	19	3	1	-	11	6	8	4	198	51	56	
Idaho	84	1	-	-	43	1	-	12	-	-	4	-	-	-	-	-	3	-	15	5	-	
Illinois	1,228	59	40	9	324	12	13	38	162	8	93	11	7	2	20	3	44	5	306	57	15	
Indiana	307	14	-	-	102	6	4	54	20	-	10	2	2	-	1	1	6	3	56	14	12	
Iowa	43	2	-	-	9	-	1	21	-	-	1	-	-	-	-	-	1	-	7	1	-	
Kansas	221	11	1	-	77	4	2	50	12	2	5	1	-	-	1	-	-	1	46	7	-	
Kentucky	684	44	7	4	216	6	1	7	131	1	24	1	-	1	4	-	1	2	197	20	17	
Louisiana	710	26	-	2	170	16	-	130	39	4	7	5	-	-	12	2	19	2	186	76	16	
Maine	147	10	-	8	65	-	5	2	17	-	1	1	2	-	2	3	-	1	22	3	5	
Maryland	1,001	42	4	1	403	19	4	101	38	8	47	4	1	4	5	10	11	7	247	31	14	
Massachusetts	623	21	25	22	225	2	2	23	99	-	18	7	2	5	6	3	2	2	103	48	13	
Michigan	1,623	58	26	6	658	13	32	80	150	49	49	16	7	-	15	2	19	8	340	32	58	
Minnesota	234	12	3	3	66	-	4	44	9	2	9	1	-	-	-	1	1	3	64	8	4	
Mississippi	589	45	3	3	195	5	-	95	12	2	7	8	-	-	-	6	27	2	135	45	10	
Missouri	685	18	-	1	145	3	17	41	140	16	24	2	-	-	8	-	5	2	195	32	26	
Montana	36	3	1	-	21	-	-	4	-	-	1	-	-	-	-	-	2	-	6	-	-	
Nebraska	136	2	1	1	48	2	3	25	6	2	9	2	-	1	1	1	2	2	24	2	1	
Nevada	26	2	1	1	8	-	-	6	-	-	1	-	-	-	-	-	-	-	4	1	1	
New Hampshire	35	1	1	1	15	3	-	5	-	1	-	-	-	-	-	-	-	-	2	-	-	
New Jersey	1,236	5	1	3	471	23	3	119	167	5	54	1	-	2	3	5	27	5	236	67	39	
New Mexico	155	10	-	-	72	2	-	24	-	-	1	-	-	-	-	-	1	-	45	-	-	
New York	5,732	140	37	183	1,931	16	66	470	270	38	269	44	30	29	65	17	8	43	1,465	392	219	
North Carolina	1,175	74	7	-	452	40	9	163	37	7	31	21	1	-	5	1	28	2	218	43	36	
North Dakota	74	3	4	-	35	-	5	14	-	2	1	-	-	-	-	-	-	-	13	1	-	
Ohio	1,734	101	4	1	635	22	13	274	150	42	52	6	2	-	4	3	9	9	342	33	32	
Oklahoma	404	31	2	1	141	2	-	62	31	-	18	3	-	-	3	1	11	1	84	10	1	
Oregon	336	21	-	1	139	10	-	48	11	8	8	6	-	-	4	-	1	-	59	13	7	
Pennsylvania	1,290	36	1	2	382	7	24	74	197	21	72	9	3	1	18	11	-	10	289	79	54	
Rhode Island	125	4	6	1	42	-	1	6	3	-	3	-	1	2	2	1	-	2	24	2	25	
South Carolina	465	27	2	2	162	10	2	87	13	2	10	5	-	-	3	-	24	2	99	15	-	
South Dakota	34	4	-	-	9	8	5	6	-	-	4	1	-	-	-	-	-	1	6	4	3	
Tennessee	839	46	8	1	268	9	17	106	45	-	22	6	1	-	13	4	9	1	190	39	67	
Texas	1,320	58	5	1	265	38	17	125	246	20	74	8	-	-	9	12	17	4	267	94	60	
Utah	194	3	-	-	107	1	-	39	7	3	8	1	-	-	-	-	1	1	23	-	-	
Vermont	*	*	-	*	*	*	-	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	988	55	8	-	279	5	4	154	46	2	36	2	-	2	13	6	20	4	220	120	12	
Washington	669	27	1	1	227	29	3	102	30	7	32	3	1	-	9	6	3	-	142	20	26	
West Virginia	269	14	1	1	89	6	-	53	10	-	2	3	-	-	2	2	10	-	70	8	1	
Wisconsin	796	29	3	12	352	15	16	24	93	9	29	5	4	-	4	-	-	3	151	28	19	
Wyoming	11	1	-	-	5	-	-	2	-	-	-	-	-	-	-	-	-	-	2	1	-	

1/ Includes 323 public health nurses employed by voluntary agencies, who are under contract to provide service to the official health agency.

* Vermont has no full-time health organizations rendering local health service.

Although nurses represented a relatively large portion of the total official health agency workers, this category remains in short supply and continues as the most acute staffing deficiency. Between 1950 and 1951 little progress was reflected in alleviating the shortages, a gain of only 207 public health nurses being reported. This small gain was distributed among 23 States. Reports from as many as 25 States showed decreases ranging from 2 to 174 in the number of nurses employed.

Public health physicians, who constituted less than five percent of the overall staff, also decreased in number within the year, the reduction amounting to 110. While reports from 17 States showed fewer physicians employed in 1951 than in 1950, the loss was comparatively small in all of these States except Pennsylvania, which was responsible for a decrease of 80 physicians in 1951. (It is indicated from the reports that this was the result of inaccurate reporting in 1950 rather than an actual decline in physician employment during 1951.)

When all types of sanitation personnel were combined, they comprised the second largest group of public health workers in local areas; this category of personnel constituted one-fifth of the total employees for all areas. Included in this group were professional engineers engaged in public health work, professional public health sanitarians, veterinarians, and nongraduate personnel performing general sanitation activities. Engineers constituted a comparatively small proportion of the sanitation workers. A total of 324 employees was reported in this category by local units in 36 States, which represents little change from 1950 in number and distribution. Sanitarians engaged in local sanitation activities numbered 3,723 in 1951, an increase of 124 over the number reported in 1950. Although some gain over 1950 in this employee category was shown for 1951 in reports of more than half the States, there was evidence in at least three States of reporting professional sanitarians in the "other sanitation" group one year and of reporting them in the "professional sanitarian" group the next, and vice versa. This inconsistency of reporting alters the comparison somewhat. There was a decrease of nine employees in the "other sanitation personnel" group within the year. The number of veterinarians employed also remained about the same, the difference between 1950 and 1951 amounting to only 13. For the country as a whole, very limited expansion in the number of sanitation workers employed in 1951 was reflected over data reported for the previous year.

Public health dentists employed by official health agencies numbered 237 as of December 31, 1951. This number was 15 more than the number reported in 1950. Dentists were employed full time by local health units in 31 States, but not more than one or two were reported by local health units in several States. The number of dental hygienists serving in such units reached 340 in 1951, 33 more than were employed in 1950. Of the total hygienists reported, it should be noted that more than half were employed by local health units in the State of New York.

In addition to the above-mentioned personnel, there were 1,293 laboratory workers on local health department staffs in 46 States. Other professional and technical groups constituting the personnel complement included 262 health educators, distributed among local units in 37 States; 186 medical social

workers, employed in 29 States; 76 nutritionists, employed in 17 States; 65 physical therapists, employed in 13 States; 298 X-ray technicians, employed in 34 States; 424 public health investigators (including investigators of all types), employed in 38 States; and 177 analysts and statisticians, employed in 33 States.

Clerical workers totaled 7,710 and constituted more than one-fifth of the entire staff. Local health organizations of New York and California alone reported 2,346 clerks, slightly more than 30 percent of all clerical workers.

Distribution of Personnel by Type of Local Health Organization

Table 7 shows the distribution of personnel, according to classification, among the four types of health organizations. It will be noted that city health departments reported only slightly fewer employees than all other types of organizations combined. However, these cities served almost 40 percent of the total population covered by reporting full-time local health organizations. Single county organizations reported a personnel complement of 12,980, or approximately 38 percent of the total personnel employed by all types of health organizations. The population coverage of these organizations amounted to approximately 42 percent of the total population having full-time local health service. Staffs of local health districts and State health districts comprised a relatively small proportion of total official health agency personnel, the actual total for each type of district amounting to 3,334 and 1,524, respectively. These organizations, however, included 56 percent of the counties reported with full-time local health service.

For individual personnel categories, the proportion employed by each type of organization varied. Single county organizations had a higher percentage of physicians and clinic nurses employed than did other organizations. Except for these two groups of employees, city health departments had the largest proportion of workers in all occupational groups.

Personnel data reflect that health organizations serving sizable communities employed a much wider range of professional and technical personnel than did organizations serving small areas. Several occupational groups were found primarily on city health department staffs. For example, cities reported nearly two-thirds of the dental hygienists, laboratory workers, and analysts and statisticians; over half the public health dentists, nutritionists, and medical social workers served on the staffs of city health departments.

Comparison of 1951 personnel data on an organizational basis with that reported for 1950 reveals that the number of public health workers serving city health departments in 1951 was 623 less than the number reported in 1950, although reports were received from 33 additional cities in 1951. There was also a decline in the number of workers serving local health districts in 1951 as compared to 1950. This reduction is partially attributed to the fact that fewer health organizations of this type reported in 1951.

Table 7.--Full-Time Personnel of Different Classifications Employed by Official Health Agencies, Arranged by Type of Local Health Organization
December 31, 1951

Type of personnel	Total official health agency personnel	Number of personnel by type of organization			
		Single county	City health department	Local health district	State health district (actual service)
All types	34,194 ^{1/}	12,980	16,356	3,334	1,524
Public health physicians	1,447	681	500	212	54
Public health dentists	237	82	130	18	7
Dental hygienists	340	81	230	7	22
Public health nurses	11,251	4,469	4,724	1,288	770
Clinic nurses	611	322	253	33	3
Sanitation personnel:					
Engineers	324	141	106	25	52
Veterinarians	323	93	211	13	6
Professional sanitarians	3,723	1,644	1,527	456	96
Other	2,648	806	1,612	142	88
Laboratory personnel	1,293	383	843	46	21
Health educators	262	115	121	23	3
Nutritionists	76	21	43	3	9
Physical therapists	65	28	17	1	19
X-ray technicians	298	110	172	10	6
Medical social workers	186	74	101	7	4
Public health investigators	424	185	197	41	1
Analysts and statisticians	177	61	113	2	1
Fiscal and clerical	7,710	2,772	3,749	854	335
Maintenance, custodial, and service	1,745	510	1,118	107	10
All others	1,054	402	589	46	17

1/ Includes 323 public health nurses, employed by voluntary agencies, who are under contract to provide service to official health agencies.

Growth in staff was indicated between 1950 and 1951 for single county units and State health districts. Single county units had the larger gain in personnel, the overall increase amounting to 1,353 workers. State health district staffs increased by 456 employees during 1951. It should be mentioned again that 35 more single county health organizations reported in 1951 than reported in 1950. Likewise, 15 more State health districts were represented in the 1951 data than were represented in the 1950 data.

For the country as a whole, ratios of personnel to population of area served were considered low, particularly in view of the fact that many local health departments are assuming enlarged responsibilities for local public health problems and are extending their activities. The ratio of full-time public health workers, per 100,000 population, employed by all four types of health organizations was 29.2. (See table 8.) City health departments employed 37.2 workers per 100,000 population as compared to 26.2 for single county units, 22.9 for local health districts, and 17.3 for State health districts.

Full-Time Personnel of Four Basic Classes Related to Minimum Staffing Requirements

Regardless of the type of health organization providing local health services, it is generally agreed that certain services are basic in the program of every health department. Likewise, there are certain types of personnel which are essential for the operation of a generalized health program embracing minimum basic services. Traditionally, this personnel nucleus in a local health department consists of one or more physicians, nurses, sanitarians, and clerical workers.

In order to obtain some concept of the extent of the availability of each of the above types of personnel and, inversely, of personnel deficiencies in local areas, the number of employees of each type employed by individual health departments was related to the population of the area served. Although it is recognized that there are other relevant factors to be considered, such as comprehensiveness of the services provided, characteristics of the community, and the specific health needs, the reported data are not sufficiently inclusive to permit an analysis based on factors other than size of population.

As a guide in determining whether localities had sufficient physicians, nurses, sanitarians, and clerks to provide basic services, the generally accepted minimum staffing requirements were applied on a unit basis. Under the procedure followed, areas having more than the required minimum of personnel did not compensate for areas having less than the number recommended. The minimum staffing requirements are as follows:

- 1 public health physician for every 50,000 persons (or 1 for every local health unit, whichever is less),
- 1 public health nurse for every 5,000 persons,
- 1 sanitary engineer or sanitarian for every 15,000 persons,
- 1 clerk for every 15,000 persons.

Table 8.--Ratio of Official Health Agency Personnel to Population Covered by Reporting
Full-Time Local Health Organizations of Different Types
December 31, 1951

Type of personnel	Number of workers per 100,000 population covered by designated types of organizations				
	All types	Single county	City health department	Local health district	State health district (actual service)
All types	29.2	26.2	37.2	22.9	17.3
Public health physicians	1.2	1.4	1.1	1.5	0.6
Public health dentists	0.2	0.2	0.3	0.1	0.1
Dental hygienists	0.3	0.2	0.5	0.1	0.3
Public health nurses	9.6	9.0	10.7	8.8	8.7
Clinic nurses	0.5	0.7	0.6	0.2	*
Sanitation personnel:	6.0	5.4	7.9	4.4	2.8
Engineers	(0.3)	(0.3)	(0.2)	(0.2)	(0.6)
Veterinarians	(0.3)	(0.2)	(0.5)	(0.1)	(0.1)
Professional sanitarians	(3.2)	(3.3)	(3.5)	(3.1)	(1.1)
Other	(2.2)	(1.6)	(3.7)	(1.0)	(1.0)
Laboratory personnel	1.1	0.8	1.9	0.3	0.2
Health educators	0.2	0.2	0.3	0.2	*
Nutritionists	0.1	*	0.1	*	0.1
Physical therapists	0.1	0.1	*	*	0.2
X-ray technicians	0.2	0.2	0.4	0.1	0.1
Medical social workers	0.2	0.1	0.2	*	0.1
Public health investigators	0.4	0.4	0.5	0.3	*
Analysts and statisticians	0.1	0.1	0.3	*	*
Fiscal and clerical	6.6	5.6	8.5	5.9	3.8
Maintenance, custodial, and service	1.5	1.0	2.6	0.7	0.1
All others	0.9	0.8	1.3	0.3	0.2

* Less than 0.05. In columns where more than one asterisk appears the "*" items" total 0.1.

In many local areas the official health agency staff is supplemented by public health workers of other tax-supported agencies. However, only those workers reported as serving under the administrative direction and technical guidance of the health authority were included in the analysis of the availability of personnel.

Table 9 shows for the four basic types of employees the number and percent of reporting units--cities shown separately--and the number and percent of counties having at least the minimum number of personnel of each type, some personnel but less than the minimum, and no personnel of each specified class.

Less than half the reporting health units had sufficient physicians to meet minimum requirements. It is recognized that actual public health physician requirements will vary somewhat, depending on the public health medical services which may be available through the use of part-time physicians. Approximately one-fourth of all units reported no physicians employed on a full-time basis. Counties were more frequently staffed with at least the minimum number of full-time physicians than were cities because of the wide use of part-time physicians by city health departments. More than one-third of the cities did not report a single full-time physician on the staff. Conversely, a much higher proportion of cities met these minimum ratios with respect to nurses, sanitation personnel, and clerks than did counties.

Of the four types of personnel to which population ratios were applied, the extent of the shortages was much more pronounced for nurses than for any of the other types. All but 30 units had some full-time nurses, but only 6.5 percent had enough to meet the minimum ratio of 1 to 5,000 population. (Clinic nurses were included in computing the availability of nursing personnel.) Only 12.9 percent of the cities reported a sufficient number of nurses to meet this ratio.

The percentage of cities meeting minimum ratios with respect to sanitation workers was approximately twice that shown for counties. Included in this group of employees were engineers, veterinarians, and sanitarians--professionally trained sanitarians and nongraduate personnel performing sanitation activities. Nearly 63 percent of the reporting city health departments, but only about 31 percent of the counties, met the ratio for this type of personnel. As in the case of nursing personnel, almost all units had one or more sanitarians on the staff; only 69, or 5.4 percent, reported no full-time personnel of this particular type.

Approximately 54 percent of the city health departments employed clerical workers in sufficient numbers to meet the recommended minimum ratio. A slightly smaller percentage, about 46 percent, of the counties with full-time local health services were in this category. Only one percent of all reporting units indicated no clerical personnel employed as of December 31, 1951.

Little change was evident between 1950 and 1951 in the availability of public health workers to meet the recommended minimum personnel-population ratios for physicians, nurses, sanitarians, and clerks. Generally, the small increases occurring in staff from year to year are far short of meeting the demands of a growing population.

Table 9.--Relationship to Recommended Minimum Staffing Requirements^{1/} of Full-Time Health Agency Personnel Employed in Areas Reporting Full-Time Local Health Service--
December 31, 1951

Type of personnel	Number and percent of reported units, counties, and cities with--					
	Sufficient personnel		Some personnel but not enough		No personnel of specified class	
	Number	Percent	Number	Percent	Number	Percent
Physicians:						
Units	603	47.6	330	26.0	335	26.4
Counties	810	49.8	411	25.3	406	25.0
Cities	61	29.2	70	33.5	78	37.3
Nurses:						
Units	82	6.5	1,156	91.2	30	2.4
Counties	69	4.2	1,535	94.3	23	1.4
Cities	27	12.9	172	82.3	10	4.8
Sanitation personnel:						
Units	500	39.4	699	55.1	69	5.4
Counties	501	30.8	1,041	64.0	85	5.2
Cities	131	62.7	66	31.6	12	5.7
Clerks:						
Units	606	47.8	649	51.2	13	1.0
Counties	752	46.2	871	53.5	4	0.2
Cities	112	53.6	90	43.1	7	3.3

^{1/} Refer to page 17 for recommended minimum staffing requirements.

^{2/} A total of 1,268 health organizations, covering 1,627 counties, submitted the Report of Public Health Personnel, Facilities, and Services as of December 31, 1951. Of the total organizations, 209 were city health departments.

Further analysis was made of the staffing situation in individual health units to determine the additional public health workers required to staff each in accordance with the minimum staffing requirements. As shown in table 10, the staffing of reporting health organizations of each State according to these personnel requirements would require at least an additional 1,223 physicians, 11,826 nurses, 1,982 sanitation workers, and 1,587 clerks.

These figures focus attention on the extreme shortage of nursing personnel. Deficiencies in this personnel category almost totaled the number on duty. The requirement of 11,826 additional nurses represented nursing shortages in 1,185 organizations, or approximately 94 percent of those reporting. In 22 States, every full-time unit in the State needed more nurses.

In number of deficiencies, as well as number of organizations deficient, sanitation personnel was second to nurses. An additional 1,982 sanitarians were needed for minimum staffing requirements. Sixty percent of the reporting units had insufficient sanitation personnel to meet the ratio of 1 sanitarian to 15,000 population.

Physician shortages were indicated in reports from 676 organizations, more than half the total reporting. Temporary vacancies in health officer positions and the employment of nonmedical health officers accounted for physician deficiencies in a large number of units.

Merit System Coverage of Full-Time Employees of Official Health Agencies

Information requested on the report form relative to merit systems is limited to the number of employees covered by locally administered merit systems, the number covered by State administered merit systems, and the number which are under Federal Civil Service or the Commissioned Service.

The data as reported indicated that by far the majority of employees of official health agencies were employed under the provisions of a merit system. As shown in table 11, only 14.5 percent of the 33,871 employees were not included under some type of merit system.

More than half the workers reported, or 52.5 percent, were covered by a locally administered merit system. State administered systems covered 32.6 percent of the total personnel. Federal employees assigned to local health units numbered only 125, accounting for a very small percentage of the total personnel under a merit system.

Table 12 shows on a percentage basis the extent of merit system coverage among health organizations. Organizations indicating coverage of all health workers by some type of merit system numbered 781, or 61.6 percent of all units reporting. An additional 212 units, or 16.7 percent, reported at least 80 percent of their employees under merit systems. Units reporting no employees under a merit system numbered 171 and represented 13.5 percent of the total units submitting reports. Data for 1951 reflected little change from that reported for the previous year.

Table 10.--Number of Additional Full-Time Health Agency Personnel of Each Designated Type Needed in Each State to Staff Reporting Health Organizations According to Recommended Minimum Staffing Requirements ^{1/}, and Number of Organizations with Deficiencies in Each Type of Personnel
December 31, 1951

State	Total number of organizations reporting	Physicians		Nurses		Sanitation personnel		Clerks	
		Addi- tional needed	Organi- zations deficient	Addi- tional needed	Organi- zations deficient	Addi- tional needed	Organi- zations deficient	Addi- tional needed	Organi- zations deficient
Totals	1,268	1,223	676	11,826	1,185	1,982	765	1,587	663
Alabama	67	47	36	430	67	54	43	65	41
Arizona	8	10	8	72	6	17	3	20	7
Arkansas	27	27	23	248	27	69	24	36	18
California	48	42	21	999	43	72	20	36	18
Colorado	9	10	4	58	7	6	3	8	4
Connecticut	16	6	5	63	13	22	12	17	11
Delaware	4	2	2	32	4	8	3	9	3
Dist. of Columbia	1	0	0	26	1	0	0	0	0
Florida	38	17	10	255	34	21	13	30	15
Georgia	49	31	30	198	45	64	36	32	19
Idaho	5	7	4	30	5	13	5	10	4
Illinois	28	64	14	861	25	179	22	95	14
Indiana	9	9	5	116	9	10	6	21	8
Iowa	2	3	1	43	2	0	0	10	1
Kansas	15	13	8	130	15	7	5	20	10
Kentucky	75	42	36	365	74	71	49	35	23
Louisiana	59	54	43	344	58	24	20	20	13
Maine	10	9	6	120	10	39	8	39	9
Maryland	24	15	7	70	15	41	15	8	3
Massachusetts	9	10	5	99	6	2	1	7	5
Michigan	50	76	31	596	49	129	38	104	33
Minnesota	4	11	3	151	4	16	3	10	3
Mississippi	59	17	17	230	56	38	30	21	17
Missouri	24	39	17	325	23	28	11	31	12
Montana	4	1	1	4	3	5	3	3	3
Nebraska	4	8	4	46	4	1	1	5	3
Nevada	2	0	0	14	2	2	1	4	2
New Hampshire	1	1	1	0	0	0	0	4	1
New Jersey	65	82	65	217	49	36	29	30	17
New Mexico	10	4	3	66	10	23	9	8	2
New York	39	167	31	1,106	34	226	27	52	15
North Carolina	69	20	19	354	63	86	53	81	46
North Dakota	8	6	6	30	8	4	4	9	5
Ohio	66	41	26	591	62	80	38	115	48
Oklahoma	29	10	8	212	29	37	24	33	21
Oregon	19	11	10	137	19	37	18	36	16
Pennsylvania	25	72	20	680	24	85	16	105	21
Rhode Island	6	11	6	99	6	38	6	22	5
South Carolina	46	24	24	206	45	33	23	31	21
South Dakota	2	2	2	13	2	1	1	2	1
Tennessee	59	32	30	327	59	60	44	49	36
Texas	47	52	23	696	47	43	16	82	33
Utah	10	13	8	36	8	17	8	25	9
Vermont	*	*	*	*	*	*	*	*	*
Virginia	49	17	13	350	48	43	21	41	19
Washington	19	18	8	185	19	20	14	24	12
West Virginia	27	25	17	256	26	54	23	49	19
Wisconsin	21	45	15	335	19	120	15	92	16
Wyoming	1	0	0	5	1	1	1	1	1

^{1/} Refer to page 17 for recommended minimum staffing requirements.

* Vermont has no full-time health organizations rendering local health service.

Table 11.--Extent of Coverage of Official Health Agency
Personnel by a Merit System
December 31, 1951

Merit system coverage	Number of employees	Percent of employees
Totals	33,871 ^{1/}	100.0
Locally administered	17,763	52.5
State administered	11,055	32.6
Federal Civil Service or Commissioned Service	125	0.4
Not covered	4,928	14.5

^{1/} Excludes the 323 full-time nurses employed by voluntary agencies and working under contract for official health agencies.

Table 12.--Percent of Official Health Agency Personnel Employed Under
a Merit System in Each Reporting Health Organization, Arranged
in Percentage Groups, and Number and Percent of the
Organizations Represented in Each Group
December 31, 1951

Percent of employees covered by merit system	Number of organizations	Percent of organizations
Totals	1,268	100.0
No coverage	171	13.5
1 - 24	19	1.5
25 - 49	17	1.3
50 - 79	68	5.4
80 - 99	212	16.7
100	781	61.6

Personnel Employed by Official Agencies Other Than Health Agencies

Public health personnel employed full time by other official agencies performing local public health services totaled 7,263 as of December 31, 1951. These employees represented slightly less than one-fifth of all full-time health personnel employed by tax-supported agencies.

As indicated in table 13, a high proportion of these workers--44 percent--were serving in local health jurisdictions located in California and New York. Other States which had relatively large numbers of personnel reported employed by official agencies other than the health agency included Pennsylvania, Illinois, New Jersey, and Texas. In Iowa such personnel exceeded the number of health department employees reported.

The proportion of workers of various types employed by official agencies other than health varied considerably from that shown for official health agency staffs. Participation of other official agencies in school health programs is indicated particularly in the high proportion of nurses, nutritionists, dentists, and dental hygienists employed. Nurses comprised more than 60 percent of all public health employees of official agencies other than health. These nurses for the most part are school nurses employed by boards of education. More than twice as many nutritionists were reported as employees of other official agencies as were reported on health department staffs. This type of personnel also serves on school health programs.

Comparison with 1950 data reflects an increase of 1,274 health workers engaged in public health services performed by other official agencies. The gain was distributed among 27 States. Because some reports have indicated inconsistent reporting of such personnel between years as to type of employing agency, it is considered that the increase does not represent actual growth in its entirety.

Table 13.--Number of Full-Time Public Health Workers of Different Classifications Employed by Other Official Agencies Rendering Some Type of Health Service in Local Areas with Full-Time Health Organization
December 31, 1951

State	Total	Public health physicians	Public health dentists	Dental hygienists	Public health nurses	Clinic nurses	Engineers	Professional sanitarians	Other sanitation personnel	Veterinarians	Laboratory personnel	Health educators	Nutritionists	Physical therapists	X-ray technicians	Medical social workers	Public health investigators	Analysts and statisticians	Clerical personnel	Maintenance, custodial, and service personnel	All others
Total	7,263	302	117	307	4,470	82	34	97	164	18	348	180	166	60	41	146	13	8	388	101	221
Alabama	8	-	-	-	3	-	-	-	-	1	6	2	-	2	-	-	-	-	-	-	-
Arizona	111	5	2	2	81	-	-	1	1	-	-	-	-	-	-	-	-	-	7	2	2
Arkansas	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
California	1,632	108	41	26	967	8	24	41	20	3	8	79	9	19	3	45	-	-	95	46	90
Colorado	66	3	1	1	50	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Connecticut	109	8	1	21	48	9	-	1	-	-	-	5	3	1	2	2	-	-	6	-	2
Delaware	32	2	-	-	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dist. of Columbia	32	-	-	-	32	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Florida	42	1	-	-	13	-	-	-	-	-	12	-	1	1	1	2	-	-	7	4	-
Georgia	12	-	5	-	6	-	-	-	4	-	1	-	-	-	-	-	-	-	-	-	-
Ideaho	6	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	465	32	3	2	184	21	2	5	103	-	7	1	-	1	8	6	-	1	74	13	2
Indiana	118	4	4	2	71	-	-	-	-	-	1	4	1	2	1	2	-	-	17	6	5
Iowa	59	-	1	3	30	3	1	-	-	-	2	2	1	1	-	-	-	1	2	-	12
Kansas	52	3	-	-	43	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-
Kentucky	15	1	1	-	8	-	-	-	3	1	1	-	-	-	-	-	-	-	-	-	-
Louisiana	20	2	-	-	3	-	-	-	-	-	2	-	1	-	1	2	-	-	-	1	-
Maine	29	-	-	-	26	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-
Maryland	46	-	-	-	37	-	-	-	-	4	3	1	-	-	-	-	-	-	4	-	-
Massachusetts	140	4	1	-	96	-	1	-	-	-	10	14	1	5	1	1	-	-	1	-	18
Michigan	99	-	1	6	63	2	-	3	6	-	-	2	1	2	3	5	-	-	5	-	8
Minnesota	169	2	9	17	114	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1
Mississippi	-	11	1	-	128	-	-	-	4	-	-	-	-	-	-	-	-	-	3	2	1
Missouri	150	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Montana	16	2	-	-	-	-	-	-	-	2	4	3	-	-	-	3	-	-	4	1	5
Nebraska	98	3	-	-	57	1	-	-	2	-	-	3	-	3	3	8	-	1	4	-	5
Nevada	5	-	-	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	400	4	6	1	351	5	-	1	-	-	10	5	3	2	3	2	-	-	5	-	2
New Mexico	27	6	-	-	17	-	-	-	3	-	1	-	-	-	-	-	-	-	-	-	-
New York	1,552	37	7	159	901	6	4	13	-	2	266	32	15	7	5	19	-	3	55	14	7
North Carolina	15	-	-	1	1	-	-	-	-	1	-	2	1	-	-	4	2	-	2	-	3
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	250	9	7	6	135	10	-	2	1	-	6	3	4	-	5	23	4	-	14	7	14
Oklahoma	21	1	-	-	16	-	-	-	-	1	1	-	-	-	-	-	-	-	1	-	-
Oregon	14	1	-	-	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pennsylvania	651	37	16	44	384	10	-	2	-	3	3	5	108	4	1	1	2	2	28	1	-
Rhode Island	47	1	1	1	43	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
South Carolina	57	2	-	-	18	-	-	13	-	-	1	1	1	-	1	2	-	-	12	3	3
South Dakota	3	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	20	-	-	-	2	4	-	-	-	-	-	2	1	-	-	3	2	-	1	-	-
Texas	350	4	1	2	283	-	1	1	10	-	-	5	8	3	-	4	-	-	13	-	11
Utah	12	-	-	-	4	1	-	4	1	-	1	-	-	-	-	-	-	-	1	-	-
Vermont	* 2	-	-	-	* 4	* 1	-	* 4	* 1	-	-	-	-	-	-	-	-	-	-	-	-
Virginia	94	2	4	-	71	1	1	-	-	-	-	1	-	-	-	3	-	-	4	-	8
Washington	125	7	-	1	74	1	1	10	2	-	2	1	1	1	1	5	-	-	16	1	2
West Virginia	37	-	5	5	21	-	-	-	-	-	-	1	2	-	-	-	-	-	3	-	-
Wisconsin	54	-	-	-	36	-	-	-	-	-	-	3	-	5	-	2	-	-	-	-	-
Wyoming	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1

* Vermont has no full-time health organizations rendering local health service.

SELECTED PUBLIC HEALTH SERVICES AND CLINICAL FACILITIES

A complete inventory of the services and facilities available in reporting full-time health jurisdictions is not recorded in the Report of Public Health Personnel, Facilities, and Services. Rather, data are requested only on certain types of services and facilities of current importance to program divisions of the Public Health Service in program planning and evaluation. For the most part, health resources information required in the Report involves the newer phases of public health programs. Therefore, the Report includes items which are not performed universally by local health units.

Services and facilities reported are those made available to individuals on a free or part-pay basis through agencies located within reporting health jurisdictions. The sections dealing with services and facilities provide for the reporting of three types of administering agencies; namely, the official health agency, official agencies other than the health agency, and voluntary agencies engaged in public health activities. Occasionally, the services and facilities are jointly administered by two or more agencies, each agency having some phase of administrative responsibility. It should be mentioned that information was not requested on services and facilities available to residents of a reporting health jurisdiction through arrangement with either an official or voluntary agency located in an adjacent area.

Because of the extensiveness of the data reported on selected types of public health services and clinical centers, only the highlights are summarized on a nationwide basis and included in the tables presented in this section. For reference purposes, detailed information on a State basis is shown in tables appearing in Appendix A.

Public Health Services

Reported public health services available on a free or part-pay basis to residents of reporting health jurisdictions included the following:

- Chest X-rays for tuberculosis case finding
- Corrective services (children)
 - Vision
 - Dental
 - Hearing
- Followup on cancer patients attending clinics
- Bedside nursing care for cancer patients
- Topical fluoride application
- Diabetic group instruction

These specific services, available through facilities located within reporting health jurisdictions, are summarized in table 14 according to the type of agency administering or sponsoring the service. There are shown the number and percent of jurisdictions reporting services provided by official health agencies, other official agencies, and voluntary agencies. Table 15 provides a summarization according to type of health organization of the area in which the services were available.

Table 14.--Number and Percent of Health Jurisdictions Having Designated Types of Health Services
Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies¹
December 31, 1951

Health service	Total jurisdictions with service ²		Number and percent of jurisdictions with service provided by each type of agency					
			Official health agencies		Other official agencies		Voluntary agencies	
	Number	Percent	Number of jurisdictions	Percent of total reporting service	Number of jurisdictions	Percent of total reporting service	Number of jurisdictions	Percent of total reporting service
Chest X-ray for tuberculosis case finding	1,142	90.1	930	81.4	240	21.0	392	34.3
Corrective services (children)								
Vision	892	70.3	305	34.2	331	37.1	508	57.0
Dental	825	65.1	542	65.7	259	31.4	215	26.1
Hearing	635	50.1	268	42.2	273	43.0	257	40.5
Cancer services:								
Followup on cancer patients attending clinics	575	45.3	469	81.6	39	6.8	145	25.2
Bedside nursing care for cancer patients	388	30.6	159	41.0	34	8.8	271	69.8
Topical fluoride application	331	26.1	240	72.5	96	29.0	57	17.2
Diabetic group instruction	123	9.7	48	39.0	39	31.7	64	52.0

1/ See Appendix for detail of services by State.

2/ A total of 1,268 health jurisdictions submitted the Report of Public Health Personnel, Facilities, and Services as of December 31, 1951.

Table 15.--Number and Percent of Reporting Health Jurisdictions, by Type of Health Organization, Having Designated Health Services Provided by Official Health Agencies, Other Official Agencies, or Voluntary Agencies 1/
December 31, 1951

Health service	All types of organizations		Type of health organization								State health district (actual service)	
			Single county		City		Local health district					
	Number with service	Percent of total reporting 2/	Number with service	Percent of total reporting 2/	Number with service	Percent of total reporting 2/	Number with service	Percent of total reporting 2/	Number with service	Percent of total reporting 2/		
Chest X-ray for tuberculosis case finding	1,142	90.1	635	89.8	190	90.9	261	90.0	56	90.3		
Corrective services (children)												
Vision	892	70.3	479	67.8	182	87.1	183	63.1	48	77.4		
Dental	825	65.1	418	59.1	187	89.5	169	58.3	51	82.3		
Hearing	635	50.1	318	45.0	161	77.0	115	39.7	41	66.1		
Cancer services:												
Followup on cancer patients attending clinics	575	45.3	299	42.3	108	51.7	140	48.3	28	45.2		
Bedside nursing care for cancer patients	388	30.6	140	19.8	165	78.9	44	15.2	39	63.0		
Topical fluoride application	331	26.1	156	22.1	82	39.2	60	20.7	33	53.2		
Diabetic group instruction	123	9.7	54	7.6	50	23.9	15	5.2	4	6.5		

1/ See Appendix for detail of services by State.

2/ Reports were received from a total of 1,268 health organizations, of which 707 were single county organizations, 209 were city health departments, 290 were local health districts, and 62 were State health districts (actual service).

Of the services on which information was requested, tuberculosis case finding by use of X-rays was the most widely provided. All types of X-ray facilities used for case-finding purposes were included. As shown in table 14, a total of 1,142 jurisdictions, or approximately 90 percent, had this service available. Official health agencies predominated in the provision of X-ray case-finding services in the tuberculosis control program, with as many as 930 of the 1,268 reporting jurisdictions indicating that this service was sponsored by health departments. Voluntary agency sponsorship, which primarily represented the participation of tuberculosis associations, was indicated in about 34 percent of the reporting jurisdictions. Sponsorship of this service by official agencies other than health units was relatively infrequent. Comparison with similar data for 1950 reveals an increase in the extent of availability of chest X-ray facilities, with 85 additional health jurisdictions reporting such service. The distribution as to type of sponsoring agency varied only slightly between the two years.

Corrective services for school age children were available in more than two-thirds of the reporting jurisdictions. Of the three corrective services reported--vision, dental, and hearing--correction of visual defects was provided in more health jurisdictions than were the other two types. This service, which included provision of glasses as well as medical treatment, was reported in approximately 70 percent of the health jurisdictions. Voluntary agencies sponsored the service in 57 percent of the jurisdictions in which vision correction was available. Health departments provided the service in only slightly more than one-third of the jurisdictions.

Dental correction was available in approximately 65 percent of the areas covered by full-time local health organizations. Such services included extractions, fillings, treatment of oral infections, and orthodontia, in addition to prophylaxis. Unlike vision correction, which was most frequently provided by voluntary agencies, correction of dental defects was more generally performed by official health agencies. In almost two-thirds of the jurisdictions with dental correction service available, sponsorship by the health department was indicated.

Corrective services for hearing impairments, which included provision of hearing aids as well as medical treatment, were available in only half the areas with full-time local health services. The frequency of sponsorship was quite evenly distributed among the three types of sponsoring agencies.

Differences between 1950 and 1951 in the prevalence of these corrective services among health jurisdictions were as follows: Vision correction, an increase of 74 jurisdictions; dental correction, an increase of 84 jurisdictions; and hearing correction, an increase of 69 jurisdictions. There was only slight variation between the two years in the frequency of sponsorship by each of the three types of agencies.

Followup of patients attending cancer clinics was included as a reportable item for the first time in the 1951 reports. Less than half, specifically 45.3 percent of the organizations, reported provision of followup service. Reportable services included registry service; nursing service, other than bedside care which was reported separately; medical-social service;

and any other services providing assistance to cancer clinics in keeping patients under continuous medical supervision. In the majority of jurisdictions with these services available, the followup was sponsored by the official health agency. Participation of cancer societies in followup work was reflected in the reporting of voluntary agency sponsorship in one-fourth of the jurisdictions with medical supervision of cancer clinic patients.

Bedside nursing care for cancer patients was also included as a reportable item for the first time in the 1951 reports. Only nursing care of cancer patients arranged for on a regular basis was reported. Less than one-third of the jurisdictions indicated the availability of bedside nursing services. Unlike followup services, bedside nursing care was more frequently sponsored by voluntary agencies. In better than two-thirds of the jurisdictions with nursing care, voluntary agencies provided the service.

Topical fluoride application and diabetic group instruction were reportable items available in relatively few jurisdictions. Only 26 percent of the full-time organizations reported the performance of topical fluoride application, and not quite 10 percent reported diabetic group instruction. Official health agencies most frequently sponsored the application of fluorides, whereas voluntary agencies most frequently sponsored diabetic group instruction services. Comparison of 1951 data with that reported for 1950 reveals slight increase in the availability of these two services.

In addition to the above services, information was requested as to the number of photofluorographic units used for tuberculosis case finding among apparently well population groups. A total of 812 units was reported by 454 organizations. Appendix table 9 shows the distribution of the units among the States. Exclusive of Vermont, all States except four reported the operation of photofluorographic case-finding units. The number of units in each State varied from 1 to 73. Almost 36 percent of the reporting organizations provided this service.

Table 15 shows the prevalence of the selected services among the various types of organizations. Generally, the proportion of city health departments reporting the availability of these services was much higher than that shown for local health districts, single county units, or State health districts. An exception to this is noted in the provision of topical fluoride applications. This particular service was available in 53 percent of the State health districts, whereas less than 40 percent of the city health departments reported availability for this item. For the most part, a lower percentage of local health districts provided selected public health services than did other types of health organizations. This was true for all services except followup of cancer clinic patients and chest X-ray services. Approximately 90 percent of each of the four different types of health organizations reported provision of chest X-ray facilities for tuberculosis case finding.

All three types of corrective services included as reportable items were made available by more than three-fourths of the city health departments. Of these services, dental correction was the most frequently provided, with almost 90 percent of the city health departments indicating the correction of dental defects; corrective service for visual defects followed closely, with about 87 percent of the city health departments reporting availability

of this service. Reports showed that corrective services were much less frequently included in the health program of single county units. County units reported the provision of vision correction more frequently than any of the other corrective services. Approximately 68 percent of the county health organizations provided vision correction, 59 percent provided dental correction, and 45 percent provided hearing correction. The proportion of local health districts with the three types of corrective services available was lower than that shown for either cities or counties.

Selected services for cancer patients, particularly bedside nursing care, were more widely available in city health jurisdictions and State health districts than in other areas. Almost 79 percent of the cities and 63 percent of the State health districts included bedside nursing care for cancer patients in their programs, whereas less than 20 percent of the county health jurisdictions and only about 15 percent of the local health districts had this service available.

Diabetic group instruction, available in less than 10 percent of the reporting health jurisdictions, was relatively more often included as a service of city health departments. Almost one-fourth of the cities reported provision of this service.

Reported data reflected little change among the four types of health organizations in the availability of the selected services carried as reportable items in both the 1950 and 1951 reports. For most items, city health departments and State health districts showed the largest increase between 1950 and 1951 in the proportion of health organizations with service available.

Clinical Facilities

Most local health departments operate or share responsibility for the operation of various types of clinics. In many disease control programs both State and local health departments are giving emphasis to the development and full utilization of community clinical facilities to permit early detection and diagnosis of disease. Data were requested in the Report of Public Health Personnel, Facilities, and Services on clinical facilities of the following selected types:

- Maternal and child health
 - Well-child
 - Maternity
 - Crippled children (general)
 - Pediatric
 - Special otological
 - Special rheumatic fever and cardiac
 - Special cerebral palsy
 - Epilepsy
- Tuberculosis
 - All types
 - Collapse therapy for nonhospitalized patients
- Mental hygiene
- Diabetes
- Cardiovascular

Table 16 summarizes the number of clinical centers of each selected type according to the agency operating the facility and the frequency of clinic sessions. Table 17, a companion to table 16, gives the number and percent of health jurisdictions having selected clinical facilities and shows the distribution of such facilities among the various types of health organizations. Centers which provide facilities for two or more types of clinics have been reported under each type.

Clinical facilities for mothers and children outnumbered all other types reported. The more specialized types of clinical services in this field were available, however, in a relatively small percentage of reporting health jurisdictions. Of the maternal and child health group, well-child clinics predominated. A total of 6,302 centers was reported by 979 health organizations, or more than 77 percent of the total organizations reporting. Exclusive of Vermont, every State had one or more well-child clinical centers. A very high proportion of the clinical centers of this type were sponsored by official health agencies, and clinic sessions were more often scheduled on a monthly basis than on a weekly or less frequently than monthly basis. As compared to 1950 data, there was an increase of 1,345 well-child centers reported in 1951, and 82 additional jurisdictions indicated the presence of such centers. Although the additional centers were distributed among a comparatively high proportion of the States, Mississippi alone accounted for 777 of the gain of 1,345 such centers. In this State the well-child clinics are now held in schools with clinic sessions scheduled at varying frequencies; often the clinics are not held more frequently than once a year.

About 60 percent of the reporting health units indicated that maternity clinical services were available. Of the 2,331 centers reported, 1,676 were sponsored by official health agencies. Except when such centers were administered by official health agencies, clinics were predominantly held on a weekly basis. Even then, the number operated by the official health agency on a monthly basis did not greatly exceed the number operated on a weekly basis. The reported increase over 1950 of 208 maternity clinical centers was most evident in the number reported under the sponsorship of voluntary agencies operated on a weekly basis. While some increase in number of centers was shown for more than half the States, the number reported in 1951 by health units in the State of New York was more than double the number reported in 1950.

Crippled children's clinics of a general nature numbered 1,353 in 1951. They were distributed among 793 reporting organizations. The actual count of such centers operated by official health agencies was considerably larger than the number operated by any other type of agency. On the other hand, there were more jurisdictions in which such centers were sponsored by some official agency other than the health department. Clinic sessions were held most frequently on a weekly basis when voluntary agencies operated the clinics. When operated by the health department or some other official agency, the sessions were scheduled most frequently less often than monthly. Reporting organizations from all States except New Hampshire indicated the presence of crippled children's clinics. There were 34 States which accounted for the gain between 1950 and 1951 of 215 centers of this type. As in the case of maternity clinics, organizations in the State of New York were responsible for a large portion of the national increase. Additional jurisdictions reporting crippled children's centers in 1951 totaled 46.

Table 16.--Number of Clinical Centers of Designated Types Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, by Frequency of Clinic Sessions, and Number of Health Jurisdictions with Designated Clinical Centers Operated by Each Type of Agency ^{1/} December 31, 1951

Clinical center	Total number of clinical centers operated by all agencies	Number of centers, by type of sponsoring agency and frequency of clinic sessions									Number of jurisdictions with clinical centers operated by-- ^{2/}		
		Official health agencies			Other official agencies			Voluntary agencies			Official health agencies	Other official agencies	Voluntary agencies
		Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly			
Maternal and child health													
Well-child	6,302	1,908	2,245	1,568	76	24	22	301	109	49	906	65	133
Maternity	2,331	783	848	45	164	17	1	436	31	6	612	129	153
Crippled children (general)	1,353	69	145	342	147	89	249	219	61	32	373	381	154
Pediatric	1,047	195	145	78	170	16	17	393	29	4	185	146	156
Special otological	555	21	42	102	113	14	64	180	13	6	121	112	77
Special rheumatic fever and cardiac	555	53	60	31	105	21	23	220	36	6	118	113	117
Special cerebral palsy	385	25	23	45	52	29	35	113	36	27	85	106	139
Epilepsy	230	14	15	21	42	13	-- 22	70	11	22	42	71	59
Tuberculosis													
All types	3,905	765	409	2,102 ^{3/}	317	44	13	159	73	23	807	278	158
Collapse therapy for nonhospitalized patients	765	322	35	20	255	20	7	84	15	7	280	225	81
Mental hygiene	729	108	55	26	171	67	39	219	26	18	137	186	137
Diabetes	482	62	4	33	112	9	8	235	12	7	57	95	91
Cardiovascular	469	33	8	4	122	11	2	263	19	7	36	94	107

^{1/} See Appendix for detail of clinics by State.

^{2/} A total of 1,268 health jurisdictions submitted the Report of Public Health Personnel, Facilities, and Services as of December 31, 1951. In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Refer to Table 17 for unduplicated total of jurisdictions with a particular type of clinic.

^{3/} Of this total 1,658 were reported by the health organizations of Mississippi. Included were centers at which scheduled appointments are made by the tuberculosis mobile unit covering the State.

Of the clinical centers in the maternal and child health field, diagnostic and treatment facilities for sick children, reported as pediatric clinics, ranked fourth in number of centers. A total of 1,047 clinical centers was reported by 417 health organizations, or almost one-third of the total organizations submitting reports. Compared to 1950, this represents an increase of 261 centers and 83 additional health jurisdictions providing pediatric services. Less than half the clinics were sponsored by health agencies. Regardless of the sponsoring agency, clinic sessions were most frequently held on a weekly basis.

There were 555 clinical centers at which special otological services were available for the diagnosis and treatment of children under 21 years of age with hearing loss. Only 21 percent of the health organizations reported such services available. Sponsorship by the official health agency was indicated for less than one-third of the centers. Scheduling of clinic sessions varied, depending on the type of sponsoring agency. When sponsored by other official and voluntary agencies, clinics were more often held weekly, but when sponsored by official health agencies, they were usually held less frequently than monthly. Growth in number of otological clinics between 1950 and 1951 amounted to 134 centers, and increase in number of jurisdictions with such facilities available totaled 47 for all States. Although the presence of otological centers was indicated in reports from all but 12 States, the 555 centers reported were largely concentrated in California, New York, and Wisconsin.

Special rheumatic fever and cardiac clinical centers represent another specialized type of facility providing treatment for children under 21 years of age. Such clinics also numbered 555 and were located in approximately 23 percent of the health jurisdictions. Only 144 of the 555 centers were under the administration of health departments, while voluntary agencies sponsored 262 and official agencies other than health sponsored 149. When centers were operated by the latter two types of agencies, clinic sessions were most often scheduled on a weekly basis; when operated by the health department, the clinic sessions were held most frequently on a monthly basis. As compared with data reported in 1950, 45 additional health organizations indicated in the 1951 reports the availability of facilities for treatment of children with rheumatic fever and cardiac conditions. The number of clinical centers also increased between 1950 and 1951 by 150.

Special cerebral palsy clinics were reported by 299 health organizations, or slightly more than 23 percent of the total units reporting. There were 385 such centers, of which only 93 were sponsored by health departments. Voluntary agencies sponsored 176 centers of this type, and official agencies other than health agencies sponsored 116. Clinic sessions were most frequently scheduled on a weekly basis except when administered by health departments, which most often held sessions less frequently than monthly. Comparison with data reported for 1950 reveals 55 more jurisdictions in 1951 with centers organized to treat cerebral palsy in children under 21 years of age and an increase of 80 in the number of such centers.

Least prevalent in the maternal and child health group of medical facilities were the clinical centers organized to provide diagnostic and treatment services for children under 21 years of age with convulsion disorders. Only

156 health organizations reported that clinics of this type were in operation. The number of such centers totaled only 230. Voluntary agencies sponsored approximately 45 percent of the clinics; most frequently they were scheduled on a weekly basis. The number of clinical centers reported for 1951 represents an increase of 62 centers over the number reported for 1950. A total of 33 additional jurisdictions indicated the presence of epilepsy centers in 1951.

Data were reported for all types of tuberculosis clinics, as a group, and for collapse therapy centers, separately. Almost 80 percent of the health organizations reported the availability of clinical facilities for tuberculosis. Services provided at such centers included case finding, diagnosis, followup, general chest clinical services, as well as collapse therapy for nonhospitalized patients. For reporting purposes a tuberculosis clinic is defined as one which has (1) a physician in charge but not necessarily in attendance at all clinic hours, (2) conveniently accessible X-ray equipment (or fluoroscope), and (3) an established arrangement for examination of sputa. Between 1950 and 1951 the number of jurisdictions having clinical facilities of this type increased by 49. In the same period the number of centers increased by 1,740. However, this does not represent a true increment because of variation in the reporting of tuberculosis clinical centers for the two years by at least one State--Mississippi. Attention is called to the fact that, of the 3,905 clinics of this type reported, 1,757 were reported by health organizations of Mississippi. The majority of these centers were places scheduled for visit by the tuberculosis mobile unit operating throughout the State. In 1950 such centers were not included in the reports. For the most part, scheduled appointments for visit by the mobile unit were less frequent than monthly. Nationwide, official health agencies predominated in the sponsorship of tuberculosis clinics. Except in the case of Mississippi, clinic sessions were scheduled on a weekly basis at the majority of centers.

Collapse therapy centers for nonhospitalized patients numbered 765 in 1951. Such services were provided on a free or part-pay basis in 537 health jurisdictions, or approximately 42 percent of the total reporting. Official health agencies sponsored nearly half of the centers providing collapse therapy. Clinic sessions were held most frequently on a weekly basis regardless of the type of sponsoring agency. Losses were shown for 1951 in the national total of centers of this type and of jurisdictions with such centers, the decreases amounting to 31 and 21, respectively. In two States--Alabama and Arkansas--a reduction in the availability of this type of service was particularly evident.

A total of 729 mental hygiene clinical centers, including both general psychiatric centers and child guidance centers, was reported by 391 health units. Almost 31 percent of the local health units indicated the availability of such centers which, for reporting purposes, must be staffed by at least a psychiatrist, a clinical psychologist, and a psychiatric social worker. Voluntary agencies and official agencies other than health sponsored about three-fourths of the mental hygiene centers. Regardless of sponsoring agency, clinic sessions were most frequently held weekly. There were only four States without one or more clinics of this type operating within the reporting health

jurisdictions. Between 1950 and 1951 an increase of 143 mental hygiene clinics was shown. The number of jurisdictions reporting such clinics also increased, the gain amounting to 53. Although the increase in both jurisdictions with clinical centers of this type and the actual number of centers was fairly well distributed among the States, New York alone accounted for 33 additional clinical centers of this type.

Clinical facilities for the diabetic numbered 482 in 1951 and were available in only 16 percent of the areas covered by reports. For reporting purposes, the requirements for such facilities included the following:

(1) Services of a physician with special training or experience in diabetes, (2) access to laboratory facilities for examining blood and urine, and (3) if needed, nursing and dietetic services for patient education and public health nursing services for home followup purposes. Voluntary agencies administered 254 of these centers, official agencies other than health 129, and official health agencies only 99. Clinic sessions were scheduled weekly at the majority of the diabetes centers. Comparison of data reported for 1950 with that reported for 1951 reveals 88 more clinical facilities for diabetes and 43 additional health jurisdictions with such facilities in 1951. Clinical centers of this type were located in 40 States.

Of the different types of clinical facilities providing free or part-pay services, cardiovascular centers were least frequently reported. Reporting instructions specified that a clinic of this type must have (1) a physician in attendance with special training or experience in cardiovascular disease, (2) a registered nurse in attendance, (3) public health nursing and medical social services available, (4) special diagnostic equipment, and (5) facilities for adequate patient examination, including clinical laboratory facilities. There were 469 such centers located within 205 reporting health jurisdictions in 39 States. By far the majority of the cardiovascular clinics were operated by voluntary agencies. Official health agencies sponsored only 45 of the 469 centers, and other official agencies sponsored 135. Generally, clinic sessions were scheduled on a weekly basis regardless of the type of sponsoring agency.

Review of the data from the standpoint of availability of medical facilities among the four different types of health organizations reveals that health departments serving metropolitan areas generally have a much higher percentage of clinical centers. (See table 17.) Obviously, the health resources of cities, particularly hospital facilities and trained specialists, are much more extensive and varied than the resources of nonurban areas.

Except for well-child and crippled children's clinical centers, city health departments were ahead of the other types of organizations in the proportion of departments with medical facilities available. Centers for well-child and crippled children's clinical services were reported most frequently by State health districts, the respective percentages of such organizations with clinical facilities approximating 92 and 84 percent. The comparable percentages for city health departments with clinical centers of these types were 88 for well-child centers and 72 for crippled children's centers. The proportion of county health units with tuberculosis clinical centers of all types was almost as high as that shown for cities. Likewise,

there was little difference in the frequency with which the presence of maternity clinical centers was reported by city health departments and by county health departments. Almost two-thirds of the city health departments reported mental hygiene clinical centers, but such facilities were available in only little more than one-fourth of the county organizations. A very low proportion of all reporting health organizations reported clinical facilities for diabetes, cardiovascular diseases, and the more specialized clinical services in the maternal and child health field.

Comparison of 1951 with 1950 data reveals for the majority of clinics of specified types a larger percentage of single county organizations and local health districts with clinical facilities in 1951. Although the increase was not sizable in such organizations for any particular type of clinical center, it is indicated that the variety of clinical services available on a free or part-pay basis in nonurban areas is increasing.

SELECTED COMMUNITY SANITATION FACILITIES AND SERVICES

The field of environmental sanitation services has been broadened considerably in recent years. Local sanitation programs, particularly, have undergone significant changes, and shifts in program emphasis have been necessary to accommodate the new environmental problems which affect public health.

As mentioned previously with respect to clinical services and facilities, the Report of Public Health Personnel, Facilities, and Services does not provide a complete picture of resources and activities. This likewise is true in the field of sanitation, information being requested only on three segments of community sanitation programs. Reflected in the sanitation section of the Report is the extent to which the following sanitation facilities and services are provided in reporting health jurisdictions:

- Approved facilities for--
 - Water supplies
 - Sewerage systems
 - Sewage treatment
 - Refuse collection
 - Refuse disposal
- Milk pasteurization
- Training of food handlers

Each health organization completing a report indicated the estimated urban population of cities and towns of 2,500 or more as well as the nonfarm population surrounding such cities and towns which was served by approved facilities of specified types. Reporting instructions defined such facilities as those which conform in all respects to State standards and regulations. Such facilities may be public, semipublic, or private with respect to ownership or operation, but are community facilities and services; that is, the public may generally apply for and purchase service from the facility. Only national summaries of the reported data are presented in the text. More detailed information on a State basis is included in Appendix B, tables 1 to 7.

Reports received from the 1,268 organizations indicated that 94 percent of the urban population residing in these areas was served by approved water supplies. In 27 States and the District of Columbia the percentage of urban population with approved water facilities available exceeded the national figure. As many as 482 organizations, or 38 percent, reported all residents of urban areas served by water supplies meeting State standards and regulations. (See table 18.) Approximately 12 percent of the reporting organizations indicated that none of the urban population had approved water supplies available. Information received from 14 units was not satisfactory. Comparison of data reported for this item in 1951 with that reported for 1950 reveals relatively little change in the extent to which urban areas are served by approved water supplies. Gain in number of organizations falling in the higher percentage groups was offset by increase in the number of organizations indicating that none of the urban population was served by water supplies which conformed to State standards and regulations.

Table 18.--Percent of Urban Population Served by Designated Approved Sanitation Facilities, Arranged in Percentage Groups, Showing Number and Percent of Full-Time Health Organizations Represented in Each Group for Each Type of Facility^{1/}
December 31, 1951

Population percentage group	Number and percent of organizations with designated type of approved facility							
	Water supply		Sewerage system		Sewage treatment		Refuse col- lection service	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
None	151	11.9	156	12.3	455	35.9	177	14.0
1 - 29	7	0.6	34	2.7	127	10.0	21	1.6
30 - 49	20	1.6	89	7.0	103	8.1	48	3.8
50 - 79	122	9.6	317	25.0	214	16.9	208	16.4
80 - 99	472	37.2	390	30.7	204	16.1	315	24.9
100	482	38.0	266	21.0	146	11.5	476	37.5
Data unsatisfactory	14	1.1	16	1.3	19	1.5	23	1.8
							25	2.0
							178	14.0
							307	24.2
							154	12.1
							44	3.5
							47	3.7
							513	40.5

^{1/} A total of 1,268 health jurisdictions submitted the Report of Public Health Personnel, Facilities, and Services as of December 31, 1951.

Approved sewerage facilities were available to fewer residents of urban areas than were approved water supplies. Reports indicated that about 86 and 58 percent, respectively, of the urban population in reporting health jurisdictions was served by sewerage systems and sewage treatment plants meeting State standards and regulations. In each instance there were approximately 20 States in which the percentage of the population having such approved facilities exceeded the national figure. Only 12 percent of the organizations reported that approved sewerage systems were not available in urban areas, whereas 36 percent of the reporting organizations indicated that none of the urban population had approved sewage treatment facilities available. In 21 percent of the health jurisdictions all of the urban population was served by sewerage systems conforming to State standards and regulations; slightly more than 11 percent of the reporting organizations indicated that all residents of urban areas were served by approved sewage treatment facilities. Sixteen units failed to submit satisfactory data for population served by approved sewerage systems, and 19 failed to include satisfactory data for sewage treatment facilities. Information on sewage treatment plants meeting approval standards was not requested in the 1950 reports; therefore, comparative data are not available for this item. With respect to approved sewerage systems, there were slight differences between the data reported for 1950 and 1951. Most significant was the addition of 42 organizations to the group showing 100 percent of the urban population served by approved sewerage facilities.

Approved refuse collection service was available to 89 percent of the urban population covered by reporting organizations. Twenty-two States and the District of Columbia exceeded the national figure. Approximately 37 percent of the health organizations reported such service available to all urban population in areas served, whereas 177 organizations, or 14 percent, indicated that residents of urban areas were not served by approved facilities of this type. A very much higher percentage of the jurisdictions--approximately 40 percent--reported that approved refuse disposal systems were not available to residents of urban areas. Such systems included disposal by adequate incinerators, land disposal by sanitary fill, and ocean disposal by barge. Only one-fourth of the reporting organizations signified the availability of approved refuse disposal systems to all urban population residing in the jurisdiction. Summarily, refuse disposal systems meeting State approval standards were available in more than half the reporting organizations to at least 50 percent of the population residing in urban areas. On the other hand, approved refuse collection systems were available in about 79 percent of the reporting jurisdictions to over 50 percent of the urban population. For each item 23 or 25 units did not furnish satisfactory information. No comparison with 1950 data can be made because information was not submitted for that year on approved refuse collection service and refuse disposal systems, separately.

Pasteurization of milk--the basic safeguard against transmission of disease through milk--is extensively practiced, but there are some localities in which milk is yet sold for public consumption without this protection. In areas served by reporting health organizations, reports showed that 98 percent of all fluid milk sold for public consumption was pasteurized. Five States and the District of Columbia reported 100 percent pasteurization of all milk sold. Table 19 shows that in 476 organizations, or approximately 37 percent

Table 19.--Percent of Milk Sold for Public Consumption that is Pasteurized, Arranged in Percentage Groups, Showing
Number and Percent of Full-Time Health Organizations of Each Type Represented in the Various Groups
December 31, 1951

Percentage group	Total organizations		Single county		City health departments		Local health districts		State health districts (actual service)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Totals	1,268	100.0	707	100.0	209	100.0	290	100.0	62	100.0
None	2	0.2	2	0.3	-	-	-	-	-	-
1 - 29	6	0.5	6	0.8	-	-	-	-	-	-
30 - 49	29	2.3	19	2.7	-	-	10	3.5	-	-
50 - 79	102	8.0	65	9.2	-	-	36	12.4	1	1.6
80 - 99	577	45.5	345	48.8	46	22.0	147	50.7	39	62.9
100	476	37.5	231	32.7	153	73.2	85	29.3	7	11.3
Data unsatisfactory	76	6.0	39	5.5	10	4.8	12	4.1	15	24.2

of those reporting, 100 percent of the market milk was pasteurized. As would be expected, a high proportion of the city health departments comprised this group. An additional 45 percent reported pasteurization of between 80 and 99 percent of the milk consumed.

Of the 37 organizations reporting pasteurization of less than half of the milk sold, 27 were single county units, and 10 were local health districts. Primarily, these organizations served people residing in the southeastern and south central States. For this item unsatisfactory data, or no data, appeared on the reports received from 76 organizations. There was slight difference between the 1951 information and that submitted for 1950.

To improve restaurant sanitation, some health departments conduct or sponsor training courses for persons employed in public eating and drinking places. Through such courses, food handlers receive training in the basic elements of public health and food sanitation measures. The extensiveness of this practice, however, is quite limited. Less than 10 percent of the health organizations indicated that more than half the food handlers in the areas served attended training courses during the year. (See table 20.) Only seven organizations reported that instruction in food sanitation techniques was provided for all food handlers within the jurisdiction. As many as 770 organizations, or 61 percent, indicated that no training programs were in operation during 1951. Satisfactory information on this item was not made available by 82 of the reporting organizations.

Table 20.--Percent of Food Handlers Attending Food Sanitation Training Courses during the Year, Arranged in Percentage Groups, Showing Number and Percent of Full-Time Health Organizations of Each Type Represented in Each Group
December 31, 1951

Percentage group	Total organizations		Single county		City health departments		Local health districts		State health districts (actual service)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Totals	1,268	100.0	707	100.0	209	100.0	290	100.0	62	100.0
None	770	60.7	426	60.3	110	52.6	207	71.4	27	43.5
1 - 29	237	18.7	143	20.2	39	18.7	43	14.8	12	19.4
30 - 49	63	5.0	37	5.2	12	5.7	9	3.1	5	8.1
50 - 79	67	5.3	39	5.5	15	7.2	13	4.5	-	-
80 - 99	42	3.3	26	3.7	5	2.4	11	3.8	-	-
100	7	0.6	5	0.7	2	1.0	-	-	-	-
Data unsatisfactory	82	6.4	31	4.4	26	12.4	7	2.4	18	29.0

SUMMARY

A total of 1,268 full-time health organizations submitted the Report of Public Health Personnel, Facilities, and Services for the year ending December 31, 1951. These organizations covered 1,627 counties in which 117 million people reside. Thus, nearly half the counties in the Nation are without full-time local public health services. The population of unorganized areas approximated one-fourth of the total population of the United States. Many localities, although organized, are limited in the scope of services which can be provided because of the lack of public health workers and medical facilities.

Analysis of the staffing situation in areas served by reporting full-time health organizations reveals that only 29 health departments had a sufficient number of physicians, nurses, sanitation workers, and clerical personnel to meet the generally accepted minimum staffing requirements for basic local health services. Minimum personnel needs of reporting units, as determined by applying these requirements, approximated an additional 1,200 physicians, 11,800 nurses, 2,000 sanitation workers, and 1,600 clerical workers. Although some increase in the number of public health workers serving in local areas was evident between 1950 and 1951, the gain in personnel was insufficient to reflect general improvement of the staffing situation on a nationwide basis.

Facilities for providing public health services on a free or part-pay basis in the newer public health fields were available in relatively few health jurisdictions. On the other hand, more than three-fourths of the health organizations reported the operation of tuberculosis clinics and well-child centers; in all but 10 percent of the health jurisdictions chest X-ray service for tuberculosis case finding was provided. Sponsorship of facilities and services in the newer phases of the public health program was more often reported as the responsibility of agencies other than health departments--either other official agencies or voluntary agencies.

Community sanitation facilities and services which conform to State standards and regulations are available to a high percentage of the urban population in a great many health jurisdictions but are not available in all. Pasteurization of milk has been widely accepted as a public health practice, but according to data reported for 1951 two percent of the fluid milk sold for public consumption was not pasteurized. The training of food handlers has been included as a function in relatively few health department programs.

Table 1.--Number of Jurisdictions and Counties with Chest X-ray Service for Tuberculosis Case Finding Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1951

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency			
			Official health agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	1,142	1,452	930	1,230	240	261
Alabama	42	42	41	41	2	2
Arizona	8	7	7	6	-	2
Arkansas	5	8	3	2	4	-
California	48	38	35	28	28	21
Colorado	9	21	9	21	6	8
Connecticut	16	-	6	-	6	-
Delaware	4	3	4	3	-	-
District of Columbia	1	-	1	-	-	-
Florida	37	65	35	61	3	6
Georgia	44	86	44	86	3	4
Idaho	5	21	5	21	-	-
Illinois	28	24	19	18	16	10
Indiana	8	6	4	4	2	1
Iowa	2	2	1	1	1	1
Kansas	13	14	7	8	3	3
Kentucky	67	103	67	103	-	-
Louisiana	46	46	44	44	3	3
Maine	10	16	10	16	4	7
Maryland	24	23	24	23	2	1
Massachusetts	9	1	7	1	6	1
Michigan	48	67	38	52	13	14
Minnesota	4	6	1	-	4	6
Mississippi	59	80	59	80	-	-
Missouri	20	19	11	9	4	2
Montana	4	4	3	3	1	1
Nebraska	4	4	3	3	1	1
Nevada	2	2	-	-	1	1
New Hampshire	1	-	-	-	-	-
New Jersey	52	-	23	-	27	30
New Mexico	10	32	4	12	-	-
New York	39	62	38	62	8	6
North Carolina	66	95	56	84	9	13
North Dakota	8	28	8	28	5	18
Ohio	64	56	38	33	22	16
Oklahoma	28	44	26	43	4	5
Oregon	18	22	15	19	4	5
Pennsylvania	23	1	13	1	6	-
Rhode Island	5	5	5	5	1	-
South Carolina	44	44	40	40	3	3
South Dakota	2	2	2	2	-	-
Tennessee	59	84	59	84	4	3
Texas	43	50	29	33	7	8
Utah	4	11	4	11	-	-
Vermont*	*	*	*	*	*	*
Virginia	45	79	39	71	8	14
Washington	19	24	14	17	5	4
West Virginia	25	41	20	33	6	12
Wisconsin	19	63	8	17	11	54
Wyoming	1	1	1	1	-	-
Totals	1,142	1,452	930	1,230	240	261
Alabama	42	42	41	41	2	2
Arizona	8	7	7	6	-	2
Arkansas	5	8	3	2	4	-
California	48	38	35	28	28	21
Colorado	9	21	9	21	6	8
Connecticut	16	-	6	-	6	-
Delaware	4	3	4	3	-	-
District of Columbia	1	-	1	-	-	-
Florida	37	65	35	61	3	6
Georgia	44	86	44	86	3	4
Idaho	5	21	5	21	-	-
Illinois	28	24	19	18	16	10
Indiana	8	6	4	4	2	1
Iowa	2	2	1	1	1	1
Kansas	13	14	7	8	3	3
Kentucky	67	103	67	103	-	-
Louisiana	46	46	44	44	3	3
Maine	10	16	10	16	4	7
Maryland	24	23	24	23	2	1
Massachusetts	9	1	7	1	6	1
Michigan	48	67	38	52	13	14
Minnesota	4	6	1	-	4	6
Mississippi	59	80	59	80	-	-
Missouri	20	19	11	9	4	2
Montana	4	4	3	3	1	1
Nebraska	4	4	3	3	1	1
Nevada	2	2	-	-	1	1

1/ In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 2.--Number of Jurisdictions and Counties with Vision Corrective Service for Children
Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1951

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency ^{1/}					
			Official health agencies		Other official agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	892	1,084	305	396	331	385	508	637
Alabama	37	37	1	1	8	8	30	30
Arizona	5	5	1	1	1	1	4	4
Arkansas	-	-	-	-	-	-	-	-
California	43	35	26	24	20	14	22	17
Colorado	9	21	2	5	3	8	7	18
Connecticut	12	4	4	-	5	-	5	-
Delaware	2	1	1	-	-	-	2	1
District of Columbia	1	-	1	-	-	-	-	-
Florida	26	43	1	1	2	2	25	42
Georgia	21	38	7	16	1	1	15	26
Idaho	5	21	2	7	3	9	5	21
Illinois	19	14	8	8	7	3	15	11
Indiana	9	6	2	-	9	6	3	4
Iowa	2	2	-	-	2	2	2	2
Kansas	12	13	1	1	5	5	8	9
Kentucky	42	61	37	54	1	1	4	6
Louisiana	24	24	5	5	6	6	17	17
Maine	7	10	4	4	1	3	3	5
Maryland	23	22	13	12	-	-	14	13
Massachusetts	8	1	6	1	2	-	3	1
Michigan	45	62	22	33	13	15	21	28
Minnesota	4	6	1	-	4	6	2	-
Mississippi	20	24	20	24	1	-	8	7
Missouri	12	11	4	4	-	-	-	-
Montana	3	3	-	-	-	-	3	3
Nebraska	3	3	-	-	1	1	3	3
Nevada	1	1	1	1	1	1	1	1
New Hampshire	1	-	1	-	-	-	-	-
New Jersey	60	-	10	-	50	-	34	-
New Mexico	8	26	-	-	5	17	6	18
New York	32	53	17	37	22	36	15	29
North Carolina	68	99	49	77	11	15	13	19
North Dakota	7	26	1	-	3	12	4	14
Ohio	58	50	20	21	20	14	39	38
Oklahoma	9	11	1	1	3	2	8	10
Oregon	9	8	3	2	2	2	5	5
Pennsylvania	23	1	6	1	13	1	15	1
Rhode Island	6	5	-	-	2	-	4	5
South Carolina	24	24	2	2	5	5	19	19
South Dakota	-	-	-	-	-	-	-	-
Tennessee	53	76	3	4	49	72	11	14
Texas	43	52	2	3	8	9	37	45
Utah	4	9	-	-	-	-	4	9
Vermont*	*	*	*	*	*	*	*	*
Virginia	38	60	7	12	8	13	30	45
Washington	17	22	5	5	12	16	14	19
West Virginia	16	27	3	4	5	9	9	16
Wisconsin	21	71	5	25	17	70	19	62
Wyoming	-	-	-	-	-	-	-	-

^{1/} In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 3.--Number of Jurisdictions and Counties with Dental Corrective Service for Children
Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1951

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency ^{1/}			
			Official health agencies		Other official agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	825	978	542	675	259	269
Alabama	35	35	35	35	1	1
Arizona	6	5	2	2	3	3
Arkansas	4	8	2	1	2	7
California	35	26	21	18	15	11
Colorado	8	20	3	4	4	15
Connecticut	15	-	10	-	4	6
Delaware	4	3	4	3	1	1
District of Columbia	1	-	1	-	-	-
Florida	18	28	5	8	13	18
Georgia	31	56	31	56	2	4
Idaho	1	3	-	-	-	4
Illinois	19	8	12	7	7	3
Indiana	6	4	1	-	4	1
Iowa	2	2	-	-	1	1
Kansas	11	12	3	3	9	10
Kentucky	40	61	37	55	1	2
Louisiana	24	24	8	8	13	13
Maine	9	16	6	11	-	7
Maryland	20	19	18	17	1	2
Massachusetts	9	1	8	1	2	2
Michigan	28	33	13	11	8	5
Minnesota	4	6	1	-	4	14
Mississippi	59	80	59	80	4	6
Missouri	9	7	8	6	4	2
Montana	3	3	1	1	1	1
Nebraska	3	3	2	2	2	2
Nevada	2	2	2	2	-	-
New Hampshire	-	-	-	-	-	-
New Jersey	59	-	21	-	46	14
New Mexico	7	22	-	-	3	9
New York	34	54	22	34	19	13
North Carolina	62	91	61	90	2	5
North Dakota	2	-	2	-	1	1
Ohio	42	34	12	9	17	22
Oklahoma	11	19	9	18	2	2
Oregon	6	5	2	1	1	4
Pennsylvania	21	1	6	1	13	1
Rhode Island	6	5	3	5	6	1
South Carolina	4	4	2	2	1	1
South Dakota	-	-	-	-	-	-
Tennessee	50	73	45	65	12	18
Texas	27	31	14	16	5	10
Utah	5	14	2	9	-	3
Vermont*	-	-	-	-	-	-
Virginia	33	49	25	44	6	8
Washington	15	19	5	8	9	5
West Virginia	13	20	9	16	4	10
Wisconsin	21	71	8	25	15	2
Wyoming	1	1	1	1	-	23
						-

^{1/} In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 4.--Number of Jurisdictions and Counties with Hearing Corrective Service for Children
Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1951

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency ^{1/}					
			Official health agencies		Other official agencies		Voluntary agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	635	746	268	359	273	285	257	308
Alabama	17	17	-	-	6	6	11	11
Arizona	5	5	1	1	1	1	4	4
Arkansas	-	-	-	-	-	-	-	-
California	44	36	34	31	17	11	12	8
Colorado	7	15	1	2	3	8	5	12
Connecticut	10	-	3	-	5	-	3	-
Delaware	4	3	4	3	1	-	-	-
District of Columbia	1	-	1	-	-	-	-	-
Florida	14	20	2	2	2	2	12	18
Georgia	14	29	6	14	-	-	9	19
Idaho	2	12	1	7	-	-	1	5
Illinois	16	12	2	1	13	11	8	4
Indiana	9	6	1	-	5	3	5	4
Iowa	2	2	-	-	2	2	1	1
Kansas	6	6	1	1	3	3	4	4
Kentucky	11	14	9	12	-	-	2	2
Louisiana	8	8	2	2	3	3	3	3
Maine	8	13	5	7	-	-	3	6
Maryland	22	21	22	21	-	1	5	4
Massachusetts	5	-	2	-	3	-	2	-
Michigan	39	53	26	43	10	11	8	5
Minnesota	4	6	1	-	4	6	2	-
Mississippi	22	27	22	27	-	-	1	-
Missouri	5	3	3	2	3	1	-	-
Montana	-	-	-	-	-	-	-	-
Nebraska	2	2	-	-	1	1	2	2
Nevada	1	1	-	-	1	1	-	-
New Hampshire	1	-	-	-	-	-	-	-
New Jersey	55	-	6	-	49	-	26	-
New Mexico	6	19	-	-	4	13	3	8
New York	28	46	10	25	19	30	10	20
North Carolina	46	69	37	55	4	9	9	14
North Dakota	4	18	-	-	3	12	2	6
Ohio	49	44	19	20	19	12	27	29
Oklahoma	5	4	-	-	4	3	1	1
Oregon	9	8	4	3	3	3	5	5
Pennsylvania	16	1	2	-	8	1	10	1
Rhode Island	4	2	1	-	2	-	1	2
South Carolina	12	12	2	2	9	9	1	1
South Dakota	2	2	2	2	-	-	-	-
Tennessee	28	37	9	18	18	18	5	5
Texas	27	35	1	2	8	9	21	28
Utah	3	6	1	1	1	-	2	6
Vermont*	*	*	*	*	*	*	*	*
Virginia	18	31	4	8	7	12	11	16
Washington	19	24	16	21	8	9	6	6
West Virginia	4	6	1	2	2	3	2	3
Wisconsin	21	71	4	25	21	71	12	45
Wyoming	-	-	-	-	-	-	-	-

^{1/} In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency.
Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 5 --Number of Jurisdictions and Counties with Public Health Followup Service for Cancer Patients
Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1951

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency ^{1/}			
	Jurisdictions	Counties	Official health agencies		Other official agencies	
			Jurisdictions	Counties	Jurisdictions	Counties
Totals	575	727	469	685	39	34
Alabama	30	30	29	29	1	1
Arizona	3	2	3	2	-	-
Arkansas	24	57	24	57	-	-
California	14	10	6	5	3	3
Colorado	9	21	9	21	-	-
Connecticut	12	-	1	-	2	-
Delaware	4	3	4	3	-	-
District of Columbia	-	-	-	-	-	-
Florida	36	65	35	64	2	2
Georgia	28	56	28	56	1	2
Idaho	16	-	-	-	-	-
Illinois	5	15	11	13	2	1
Indiana	5	5	3	4	2	1
Iowa	1	1	1	1	1	1
Kansas	6	6	6	6	-	-
Kentucky	4	3	3	2	1	1
Louisiana	16	16	14	14	1	1
Maine	6	10	6	10	1	1
Maryland	12	11	11	11	-	-
Massachusetts	7	-	1	-	1	-
Michigan	18	17	13	13	1	1
Minnesota	2	-	1	-	1	-
Mississippi	51	70	51	70	-	-
Missouri	8	6	6	6	-	-
Montana	-	-	-	-	-	-
Nebraska	1	1	1	1	-	-
Nevada	1	1	1	1	-	-
New Hampshire	-	-	-	-	-	-
New Jersey	33	-	7	-	-	-
New Mexico	2	7	1	4	1	1
New York	28	42	24	41	5	12
North Carolina	26	40	24	35	-	3
North Dakota	5	17	5	17	-	-
Ohio	26	23	19	19	2	11
Oklahoma	5	8	5	8	-	-
Oregon	2	1	1	1	1	-
Pennsylvania	12	1	2	1	3	-
Rhode Island	2	2	1	2	1	10
South Carolina	35	35	33	33	2	8
South Dakota	-	-	-	-	-	-
Tennessee	22	36	21	33	1	2
Texas	17	28	15	25	2	4
Utah	7	19	7	19	-	5
Vermont*	*	*	*	*	-	*
Virginia	16	25	16	25	-	1
Washington	4	3	3	2	1	2
West Virginia	16	32	14	30	1	1
Wisconsin	2	1	2	1	-	2
Wyoming	1	1	1	1	-	-

^{1/} In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 6.--Number of Jurisdictions and Counties with Bedside Nursing Care for Cancer Patients Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1951

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency ^{1/}			
			Official health agencies		Other official agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	388	334	159	204	34	35
Alabama	2	2	2	2	-	-
Arizona	4	3	1	1	-	-
Arkansas	-	-	-	-	-	-
California	22	15	6	4	2	2
Colorado	6	9	5	8	1	3
Connecticut	15	-	1	-	1	-
Delaware	2	1	-	-	-	-
District of Columbia	1	-	1	-	-	-
Florida	8	10	-	-	1	1
Georgia	3	4	1	2	-	-
Idaho	2	9	2	9	-	-
Illinois	18	9	7	7	-	-
Indiana	6	4	3	3	1	1
Iowa	2	2	1	1	1	1
Kansas	4	4	3	3	-	-
Kentucky	3	2	2	1	1	1
Louisiana	2	2	-	-	1	1
Maine	12	13	3	8	-	-
Maryland	9	11	10	10	-	-
Massachusetts	9	1	2	1	-	-
Michigan	23	19	8	9	3	2
Minnesota	4	6	1	6	1	-
Mississippi	-	-	-	-	-	-
Missouri	5	3	3	3	-	-
Montana	1	1	1	1	-	-
Nebraska	2	2	2	2	-	-
Nevada	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-
New Jersey	55	-	9	-	2	-
New Mexico	-	-	-	-	-	-
New York	38	61	31	59	6	14
North Carolina	7	9	6	7	-	-
North Dakota	5	12	5	12	-	-
Ohio	33	23	15	14	1	-
Oklahoma	2	1	1	1	1	-
Oregon	2	1	1	1	-	-
Pennsylvania	19	1	3	-	2	-
Rhode Island	6	5	2	4	3	2
South Carolina	5	5	3	3	-	-
South Dakota	-	-	-	-	-	-
Tennessee	3	3	1	1	1	1
Texas	5	1	1	-	1	1
Utah	6	14	6	14	4	3
Vermont*	*	17	*	*	*	*
Virginia	13	8	2	4	3	5
Washington	8	8	5	-	9	12
West Virginia	3	3	2	2	1	6
Wisconsin	14	38	1	1	1	1
Wyoming	-	-	-	-	-	-
Totals					271	199

^{1/} In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 7 ---Number of Jurisdictions and Counties with Topical Fluoride Applications Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1951

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency ^{1/}			
	Jurisdictions	Counties	Official health agencies		Other official agencies	
			Jurisdictions	Counties	Jurisdictions	Counties
Totals	331	368	240	309	96	101
Alabama	4	4	4	4	-	-
Arizona	-	-	-	-	-	-
Arkansas	-	-	-	-	-	-
California	5	4	2	2	4	3
Colorado	2	6	2	6	1	1
Connecticut	11	-	9	-	2	-
Delaware	3	3	3	3	-	-
District of Columbia	1	-	1	-	-	-
Florida	5	11	4	8	1	3
Georgia	9	13	8	12	-	-
Idaho	-	-	-	-	-	-
Illinois	9	8	6	7	1	1
Indiana	1	-	1	-	1	-
Iowa	2	2	2	2	-	-
Kansas	12	16	12	16	-	-
Kentucky	-	-	-	-	-	-
Louisiana	9	9	7	7	1	1
Maine	7	16	6	14	2	3
Maryland	9	9	9	9	-	-
Massachusetts	5	1	5	1	-	-
Michigan	25	26	9	7	11	15
Minnesota	3	6	3	-	3	6
Mississippi	17	23	17	23	-	-
Missouri	6	5	5	4	1	1
Montana	1	1	-	-	-	-
Nebraska	2	2	2	2	-	-
Nevada	2	2	2	2	-	-
New Hampshire	-	-	-	-	-	-
New Jersey	22	-	-	-	12	-
New Mexico	-	-	-	-	-	-
New York	36	56	25	38	24	39
North Carolina	21	33	20	33	-	-
North Dakota	-	-	-	-	-	-
Ohio	12	7	4	2	2	-
Oklahoma	2	5	1	2	1	3
Oregon	1	-	1	-	-	-
Pennsylvania	10	1	1	-	5	1
Rhode Island	4	3	2	3	4	3
South Carolina	8	8	7	7	1	1
South Dakota	-	-	-	-	-	-
Tennessee	14	22	11	19	5	6
Texas	6	4	6	4	2	-
Utah	4	11	3	11	-	-
Vermont*	*	*	*	*	*	*
Virginia	23	38	19	36	3	4
Washington	5	7	3	5	2	2
West Virginia	6	14	6	12	4	6
Wisconsin	3	8	2	8	1	-
Wyoming	-	-	-	-	-	-

^{1/} In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 8 --Number of Jurisdictions and Counties with Diabetic Group Instruction Provided by Official Health Agencies, Other Official Agencies, and Voluntary Agencies
December 31, 1951

State	Total number of jurisdictions and counties with service		Number of jurisdictions and counties with service provided by each type of agency ^{1/}			
			Official health agencies		Other official agencies	
	Jurisdictions	Counties	Jurisdictions	Counties	Jurisdictions	Counties
Totals	123	106	48	60	39	64
Alabama	1	1	-	-	1	-
Arizona	-	-	-	-	-	-
Arkansas	-	-	-	-	-	-
California	9	7	-	-	6	6
Colorado	1	3	-	-	1	3
Connecticut	4	-	1	-	-	-
Delaware	-	-	-	-	-	-
District of Columbia	-	-	-	-	-	-
Florida	6	14	6	14	-	-
Georgia	3	5	3	5	-	-
Idaho	-	-	-	-	-	-
Illinois	6	6	2	5	-	4
Indiana	2	1	1	-	2	1
Iowa	-	-	-	-	-	-
Kansas	-	-	-	-	-	-
Kentucky	3	4	2	3	1	-
Louisiana	1	1	-	-	1	-
Maine	2	2	1	1	-	2
Maryland	3	-	1	1	1	2
Massachusetts	4	-	2	1	1	2
Michigan	4	1	2	1	1	3
Minnesota	1	-	-	-	1	1
Mississippi	1	-	-	-	-	-
Missouri	3	1	1	1	1	2
Montana	-	-	-	-	-	-
Nebraska	1	1	1	1	-	-
Nevada	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-
New Jersey	9	-	1	-	3	7
New Mexico	-	-	-	-	-	-
New York	7	6	3	2	2	6
North Carolina	5	8	3	6	2	1
North Dakota	2	4	2	4	-	1
Ohio	11	9	5	5	3	8
Oklahoma	1	1	1	1	-	-
Oregon	1	1	-	-	-	1
Pennsylvania	9	1	-	-	4	7
Rhode Island	1	-	-	-	-	1
South Carolina	2	2	-	-	1	1
South Dakota	1	1	-	-	-	1
Tennessee	4	4	-	-	2	2
Texas	6	6	3	3	3	1
Utah	1	3	1	3	-	-
Vermont*	*	*	*	*	*	*
Virginia	3	2	2	2	1	1
Washington	2	1	2	1	1	-
West Virginia	1	1	1	1	-	-
Wisconsin	1	1	1	1	-	1
Wyoming	-	-	-	-	-	-

^{1/} In some jurisdictions a service was provided by more than one type of agency, in which case the jurisdiction and counties covered are counted under each type of sponsoring agency. Therefore, the sum of jurisdictions and of counties shown for each State by each type of agency exceeds the totals shown in columns 1 and 2.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 9.--Number of Photofluorographic Units for Tuberculosis Case Finding Operating in Local Health Jurisdictions, and Number and Percent of Jurisdictions and Counties with Such Service
December 31, 1951

State	Total number of photofluoro- graphic units	Jurisdictions and counties with service			
		Jurisdictions		Counties	
		Number	Percent	Number	Percent
Totals	812	454	35.8	473	29.1
Alabama	11	9	13.4	9	13.4
Arizona	-	-	0.0	-	0.0
Arkansas	4	3	11.1	2	3.1
California	67	40	83.3	30	78.9
Colorado	9	6	66.7	7	33.3
Connecticut	15	7	43.8	-	0.0
Delaware	2	2	50.0	1	33.3
District of Columbia	1	1	100.0	-	0.0
Florida	19	15	39.5	19	29.2
Georgia	16	13	26.5	22	23.4
Idaho	2	2	40.0	8	38.1
Illinois	39	17	60.7	11	45.8
Indiana	18	6	66.7	4	66.7
Iowa	2	1	50.0	1	50.0
Kansas	10	7	46.7	7	43.8
Kentucky	7	6	8.0	6	5.4
Louisiana	25	17	28.8	17	28.8
Maine	4	3	30.0	3	18.8
Maryland	5	1	4.1	-	0.0
Massachusetts	17	7	77.8	1	100.0
Michigan	37	21	42.0	20	29.0
Minnesota	9	4	100.0	6	100.0
Mississippi	4	3	5.1	3	3.8
Missouri	15	8	33.3	6	26.1
Montana	2	2	50.0	2	50.0
Nebraska	4	3	75.0	3	75.0
Nevada	-	-	0.0	-	0.0
New Hampshire	-	-	0.0	-	0.0
New Jersey	26	21	32.3	-	0.0
New Mexico	4	3	30.0	10	31.3
New York	73	27	69.2	42	67.7
North Carolina	72	45	65.2	62	62.0
North Dakota	-	-	0.0	-	0.0
Ohio	72	32	48.5	20	35.1
Oklahoma	6	3	10.3	2	4.3
Oregon	37	10	52.6	11	47.8
Pennsylvania	37	13	52.0	1	100.0
Rhode Island	6	4	66.7	3	60.0
South Carolina	26	21	45.7	21	45.7
South Dakota	1	1	50.0	1	50.0
Tennessee	20	13	22.0	17	20.2
Texas	26	14	29.8	10	17.9
Utah	1	1	10.0	2	6.9
Vermont	*	*	*	*	*
Virginia	21	17	34.7	20	23.5
Washington	13	8	42.1	11	45.8
West Virginia	9	6	22.2	6	13.0
Wisconsin	17	10	47.6	45	63.4
Wyoming	1	1	100.0	1	100.0

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 10.--Number of Jurisdictions in Each State Reporting Well-Child Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency ^{1/}				Number of centers, by type of sponsoring agency and frequency of clinic sessions							
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies	Official health agencies				Other official agencies			Voluntary agencies	
						Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	979	6,302	906	65	133	1,908	2,245	1,568	76	24	22	301	109	49
Alabama	33	73	32	2	-	22	35	14	2	-	-	-	-	-
Arizona	7	37	7	-	1	5	31	-	-	-	-	1	-	-
Arkansas	19	38	18	1	1	7	26	3	1	-	-	-	-	-
California	48	586	48	5	5	190	359	10	5	1	-	21	-	-
Colorado	7	58	7	1	-	25	26	6	1	-	-	-	-	-
Connecticut	16	73	7	1	11	46	3	-	1	-	-	8	15	-
Delaware	4	28	4	-	-	3	25	-	-	-	-	-	-	-
District of Columbia	1	13	1	-	-	13	-	-	-	-	-	-	-	-
Florida	36	174	36	2	-	95	77	-	2	-	-	-	-	-
Georgia	43	155	42	1	1	66	87	-	1	-	-	-	1	-
Idaho	4	31	4	-	-	1	17	13	-	-	-	-	-	-
Illinois	17	168	14	2	7	47	79	-	1	1	-	29	8	3
Indiana	6	36	4	2	1	10	2	5	2	-	-	12	-	-
Iowa	2	13	1	-	1	1	-	-	-	-	-	-	-	-
Kansas	13	78	13	2	1	4	50	22	1	1	-	4	1	-
Kentucky	46	112	45	1	2	42	37	27	1	-	-	-	-	-
Louisiana	38	127	36	2	-	66	47	12	1	1	-	-	-	-
Maine	10	310	7	-	9	3	24	261	-	-	-	5	11	6
Maryland	21	150	21	1	2	43	94	10	1	-	-	2	-	-
Massachusetts	9	74	5	1	6	30	9	12	1	-	-	15	7	-
Michigan	26	99	23	-	5	25	57	4	-	-	-	13	-	-
Minnesota	4	62	2	2	3	1	-	34	4	-	-	8	15	-
Mississippi	58	1,028	58	-	-	105	105	818	-	-	-	-	-	-
Missouri	17	80	17	1	2	13	44	2	2	-	-	19	-	-
Montana	3	16	3	-	-	2	4	10	-	-	-	-	-	-
Nebraska	2	5	2	1	1	3	-	-	1	-	-	-	-	-
Nevada	2	4	2	-	-	2	2	-	-	-	-	-	-	-
New Hampshire	1	2	1	-	-	-	-	-	-	-	-	-	-	-
New Jersey	59	178	52	1	10	139	17	5	1	-	-	14	2	-
New Mexico	10	71	10	1	2	7	47	7	3	-	-	3	1	3
New York	35	466	31	5	12	189	117	67	18	9	-	51	12	3
North Carolina	56	255	56	3	2	71	179	-	2	1	-	2	-	-
North Dakota	6	64	6	1	-	39	-	24	1	-	-	-	-	-
Ohio	35	177	32	3	6	48	88	21	3	-	-	-	6	-
Oklahoma	26	118	26	3	2	43	56	13	2	2	-	2	-	-
Oregon	15	94	14	-	1	5	55	33	-	-	-	-	1	-
Pennsylvania	21	156	13	6	12	87	15	-	4	4	-	38	8	-
Rhode Island	6	33	6	1	2	15	10	-	-	2	-	3	3	-
South Carolina	40	117	40	1	-	22	93	-	2	-	-	-	-	-
South Dakota	2	4	2	-	-	1	3	-	-	-	-	-	-	-
Tennessee	41	211	40	1	4	119	27	24	1	-	-	4	3	33
Texas	36	199	34	2	6	130	58	-	2	-	-	8	1	-
Utah	9	132	9	1	-	13	65	53	-	1	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	39	129	36	4	2	58	43	2	5	-	-	21	-	-
Washington	12	97	10	3	3	11	32	41	4	-	-	3	-	-
West Virginia	22	89	21	1	2	2	78	7	-	-	-	1	1	-
Wisconsin	15	81	7	1	9	36	22	8	-	1	-	-	13	-
Wyoming	1	1	1	-	-	1	-	-	-	-	-	-	-	-

^{1/} In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 11.--Number of Jurisdictions in Each State Reporting Maternity Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/				Number of centers, by type of sponsoring agency and frequency of clinic sessions				Voluntary agencies			
			Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Voluntary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly
Totals	774	2,331			612	129	153	783	848	45	164	17	1	436
Alabama	54	103			54			34	63	6				
Arizona	6	10			6			4	5					1
Arkansas	13	22			12			9	12					
California	42	127			18	33	7	33	23	2	38	4		27
Colorado	5	12			5	3		4	3	1	4			
Connecticut	10	19			5	2	10				2			15
Delaware	3	9			3		1	2	3					4
District of Columbia	1	1			1			1						
Florida	37	165			37	2	2	108	49	2	3			3
Georgia	43	127			43	1	3	57	64		2			3
Idaho														
Illinois	10	61			6	3	7	19	2	1	4	1		33
Indiana	1	8			1		1	6						2
Iowa	1	1			1						1			
Kansas	4	4			4	2		1	1		1			
Kentucky	41	74			41	1	3	41	17	7	1			6
Louisiana	46	96			44	7		56	32	1	5	2		
Maine	7	9			7		7	1						
Maryland	23	85			23	2	2	15	53	1	4			14
Massachusetts	7	23				4	5				2			16
Michigan	12	25			5	1	8	4		1	2			17
Minnesota	3	7				2	3				3	1		3
Mississippi	57	232			57			105	113	14	2			
Missouri	11	27			11	1	2	9	7					9
Montana														
Nebraska	2	3			1	1		1						1
Nevada	2	2			1	1			1		1			
New Hampshire														
New Jersey	26	41			1	5	22	1			7		1	29
New Mexico	6	17			6	1	1	1	11		3			2
New York	23	158			13	3	15	28	3		17			106
North Carolina	59	210			58	4	2	47	153		7	1		2
North Dakota	2	2			1	1				1	1			
Ohio	20	49			10	7	10	10	2	3	7			23
Oklahoma	20	56			18	6	2	27	20		6	1		2
Oregon	4	9			4	2	1	1	4		2			1
Pennsylvania	17	92			4	6	10	6	1		10	1		71
Rhode Island	4	4					4				4			2
South Carolina	45	161			45	3		38	119					2
South Dakota														
Tennessee	17	50			13	5	3	22	10	1	6	1		7
Texas	27	91			21	8	8	43	18		8			22
Utah	6	8			3	2		2	3		2			1
Vermont*	*	*			*	*	*	*	*	*	*	*	*	*
Virginia	42	107			38	4	5	46	48	3	5			3
Washington	7	10			3	3	2	1	1	1	3	1		1
West Virginia	7	12			4		3	1	7		3			2
Wisconsin	1	2				1	1				1			3
Wyoming														1

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 12.--Number of Jurisdictions in Each State Reporting Crippled Children's Clinical Centers (General) Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency ^{1/}			Number of centers, by type of sponsoring agency and frequency of clinic sessions ^a					Voluntary agencies			
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies	Official health agencies			Other official agencies			Weekly	Monthly	Less often than monthly
						Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly			
Totals	793	1,353	373	381	154	69	145	342	147	89	249	219	61	32
Alabama	58	63	4	53	2	1	-	5	4	6	45	1	1	-
Arizona	5	6	1	4	-	-	-	1	3	-	2	-	-	-
Arkansas	21	25	-	21	-	-	-	-	-	3	22	-	-	-
California	45	89	34	15	7	6	22	19	12	6	1	20	2	1
Colorado	9	17	8	1	-	-	-	15	2	-	-	-	-	-
Connecticut	11	17	1	6	6	-	1	4	3	2	1	8	1	1
Delaware	4	11	4	-	2	2	-	-	-	-	-	5	-	-
District of Columbia	1	2	1	-	-	2	-	-	-	-	-	-	-	-
Florida	33	46	-	33	1	-	-	-	10	12	23	1	-	-
Georgia	15	22	10	7	1	3	6	4	2	3	3	-	1	-
Idaho	5	12	5	-	-	1	-	11	-	-	-	-	-	-
Illinois	24	46	3	19	7	2	1	2	2	7	15	15	1	3
Indiana	5	8	1	2	3	-	-	-	-	3	-	2	1	-
Iowa	2	3	2	2	1	-	-	-	1	4	1	1	-	-
Kansas	7	10	2	4	1	-	-	2	2	4	1	1	-	1
Kentucky	31	41	9	24	3	2	2	8	3	4	19	3	-	-
Louisiana	32	44	27	8	1	8	10	15	5	5	-	-	-	1
Maine	9	15	9	-	2	-	3	9	1	-	-	2	-	1
Maryland	22	25	21	1	1	-	-	21	1	-	-	3	-	1
Massachusetts	6	11	2	3	3	1	1	-	1	1	1	5	1	-
Michigan	45	64	2	37	10	-	-	2	11	1	31	17	1	2
Minnesota	4	11	-	4	2	-	-	-	4	2	2	1	2	-
Mississippi	18	20	18	-	-	4	1	15	-	-	-	6	-	-
Missouri	11	21	7	5	3	2	1	5	3	-	3	-	-	1
Montana	4	5	4	-	-	-	-	5	-	-	-	-	-	-
Nebraska	4	5	1	3	1	-	-	5	1	1	1	1	-	-
Nevada	2	3	2	-	-	-	-	3	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	28	35	1	7	22	1	-	-	5	1	2	17	5	4
New Mexico	10	16	32	10	-	-	-	-	1	1	2	-	-	-
New York	37	203	32	5	13	2	29	87	11	3	14	55	15	1
North Carolina	35	40	32	3	2	1	29	4	3	1	-	2	-	-
North Dakota	7	23	6	4	2	-	-	11	-	1	6	-	-	5
Ohio	36	50	10	14	21	1	1	8	10	4	1	16	6	3
Oklahoma	9	12	4	6	-	2	2	2	2	2	2	-	-	-
Oregon	19	31	4	16	-	1	-	3	2	1	24	-	-	-
Pennsylvania	20	60	10	7	14	5	1	5	7	1	3	19	14	5
Rhode Island	6	22	4	2	3	2	12	16	1	2	2	2	1	-
South Carolina	23	24	19	4	-	-	-	1	-	-	-	-	-	-
South Dakota	2	2	2	-	-	1	-	1	-	-	-	-	-	-
Tennessee	9	15	6	3	1	5	1	1	4	-	1	3	-	-
Texas	30	57	17	13	8	6	2	12	18	-	4	14	-	1
Utah	6	11	5	1	-	1	1	7	2	-	-	-	-	-
Vermont*	*	*	*	*	*	1	*	*	*	*	*	*	*	*
Virginia	39	54	33	5	3	5	16	24	4	2	1	-	3	-
Washington	15	21	10	6	2	2	2	7	4	3	-	-	2	-
West Virginia	13	15	1	8	5	-	1	7	1	6	1	-	4	1
Wisconsin	15	19	1	15	1	-	-	-	-	1	17	-	-	-
Wyoming	1	1	1	-	-	-	-	-	-	-	-	-	-	-

^{1/} In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 13.--Number of Jurisdictions in Each State Reporting Pediatric Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency ^{1/}					Number of centers, by type of sponsoring agency and frequency of clinic sessions						
			Official health agencies			Other official agencies		Other official agencies			Voluntary agencies			
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	417	1,047	185	146	156	195	145	78	170	16	17	393	29	4
Alabama														
Arizona	5	7	2	2	2	2	1	-	2	-	-	2	-	-
Arkansas	4	6	3	1	1	2	1	-	1	-	-	1	1	-
California	2	2	4	1	7	-	-	-	1	-	-	1	-	-
Colorado	36	78	1	32	7	2	5	3	35	6	-	26	1	-
Connecticut	8	3	1	2	6	1	-	-	2	-	-	9	-	-
Delaware	1	11	-	2	6	-	-	-	1	-	1	3	-	-
District of Columbia	1	4	1	-	-	4	-	-	-	-	-	-	-	-
Florida	14	48	11	3	1	25	16	-	4	-	-	3	-	-
Georgia	15	23	7	5	5	9	2	-	4	-	-	4	2	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	10	29	1	3	7	-	-	1	8	1	-	19	-	-
Indiana	2	4	2	-	-	2	2	-	-	-	-	-	-	-
Iowa	1	3	1	1	1	1	-	-	1	-	-	1	-	-
Kansas	2	2	1	1	-	1	-	-	1	-	-	-	-	-
Kentucky	14	24	10	1	4	10	4	-	1	-	-	6	3	-
Louisiana	16	62	9	6	1	36	6	12	4	3	-	1	-	-
Maine	9	11	6	-	5	1	3	2	-	-	-	2	3	-
Maryland	17	46	15	2	3	2	25	4	3	-	-	12	-	-
Massachusetts	6	25	1	4	5	-	-	-	-	-	-	20	-	-
Michigan	23	50	6	8	9	5	10	7	2	-	11	13	-	2
Minnesota	3	5	-	2	2	5	-	-	3	-	-	1	1	-
Mississippi	27	51	27	2	-	5	12	34	3	-	-	-	-	-
Missouri	5	16	2	2	3	3	-	-	3	-	-	9	1	-
Montana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	2	3	1	1	-	1	-	-	1	-	-	1	-	-
Nevada	2	2	1	1	-	-	-	-	1	-	-	-	-	-
New Hampshire	1	2	1	-	-	2	-	-	1	-	-	-	-	-
New Jersey	25	37	1	3	23	1	-	-	3	-	-	28	3	-
New Mexico	4	7	-	2	-	-	-	-	3	-	1	3	-	2
New York	18	146	4	3	15	26	2	-	17	-	1	96	5	-
North Carolina	16	34	11	4	3	4	21	-	5	1	-	3	-	-
North Dakota	2	2	2	-	-	1	-	1	-	-	-	-	-	-
Ohio	18	38	10	6	8	3	5	4	7	-	-	19	-	-
Oklahoma	8	11	2	6	-	3	-	-	7	1	-	-	-	-
Oregon	6	17	4	3	-	3	9	2	2	-	1	-	-	-
Pennsylvania	15	75	3	7	9	4	-	-	10	-	-	60	1	-
Rhode Island	4	6	-	2	4	-	-	-	2	-	-	2	2	-
South Carolina	8	12	4	4	-	-	6	1	5	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	13	25	7	5	3	11	-	1	5	1	-	4	3	-
Texas	17	56	6	10	11	11	2	1	10	-	-	32	-	-
Utah	4	8	2	2	1	-	-	1	1	2	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	18	28	9	4	6	10	7	-	5	-	-	5	1	-
Washington	6	14	3	3	3	4	2	-	6	-	1	2	1	-
West Virginia	5	7	4	-	2	2	-	-	1	-	-	2	1	-
Wisconsin	2	4	-	2	1	-	-	-	1	-	-	2	1	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

^{1/} In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 14.--Number of Jurisdictions in Each State Reporting Special Otolological Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency ^{1/}			Number of centers, by type of sponsoring agency and frequency of clinic sessions ^a					
						Official health agencies			Other official agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	266	555	121	112	77	21	42	102	113	14	64
Alabama	5	5	-	4	1	-	-	-	3	-	1
Arizona	-	-	-	-	-	-	-	-	-	-	-
Arkansas	-	-	-	-	-	-	-	-	-	-	-
California	38	98	28	14	6	2	19	21	16	4	17
Colorado	3	3	3	-	-	1	-	2	-	-	-
Connecticut	5	8	1	1	3	1	-	-	1	-	-
Delaware	-	-	-	-	-	-	-	-	-	-	-
District of Columbia	1	1	1	-	-	1	-	-	-	-	-
Florida	4	4	1	2	1	-	1	-	2	-	-
Georgia	1	1	-	1	-	-	-	-	1	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-
Illinois	12	19	1	9	3	-	-	1	7	3	4
Indiana	2	2	1	1	1	1	-	-	1	-	-
Iowa	1	1	-	1	1	1	-	-	1	-	-
Kansas	3	3	1	2	1	1	-	-	1	-	-
Kentucky	4	4	2	1	1	2	-	-	1	-	-
Louisiana	3	4	1	2	-	-	2	-	2	-	-
Maine	2	2	1	-	1	-	-	1	-	-	-
Maryland	22	30	21	-	1	1	10	15	-	-	-
Massachusetts	3	13	1	3	2	1	-	-	3	-	-
Michigan	21	31	10	8	3	-	-	12	2	-	-
Minnesota	3	4	-	2	2	-	-	-	1	-	-
Mississippi	-	-	-	-	-	-	-	-	-	-	-
Missouri	3	7	2	1	2	1	1	-	2	-	-
Montana	-	-	-	-	-	-	-	-	-	-	-
Nebraska	1	2	-	1	1	-	-	-	1	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-
New Jersey	14	27	-	5	12	-	-	-	7	-	-
New Mexico	-	-	-	-	-	-	-	-	-	-	-
New York	11	89	2	3	10	1	-	4	18	-	-
North Carolina	5	9	2	2	3	2	-	-	3	-	-
North Dakota	-	-	-	-	-	-	-	-	-	-	-
Ohio	21	27	14	7	4	2	3	10	-	-	-
Oklahoma	3	3	-	3	-	-	-	-	5	1	1
Oregon	4	4	1	3	-	-	-	-	3	-	-
Pennsylvania	11	38	3	5	6	2	-	1	2	-	-
Rhode Island	2	2	2	-	2	-	-	-	8	-	-
South Carolina	4	5	2	-	-	-	3	-	1	1	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-
Tennessee	5	8	1	4	1	1	-	-	5	-	-
Texas	9	17	-	6	5	-	-	-	10	-	-
Utah	2	2	-	1	1	-	-	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*
Virginia	4	4	-	2	2	-	-	-	1	1	-
Washington	17	23	16	3	1	1	3	14	3	1	1
West Virginia	1	1	-	1	-	-	-	-	-	-	-
Wisconsin	16	53	5	11	1	-	-	20	2	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-

^{1/} In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 15.--Number of Jurisdictions in Each State Reporting Special Rheumatic Fever and Cardiac Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency ^{1/}				Number of centers, by type of sponsoring agency and frequency of clinic sessions ^a							
			Official health agencies				Other official agencies				Voluntary agencies			
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	293	555	118	113	117	53	60	31	105	21	23	220	36	6
Alabama	-	-	1	1	-	1	-	-	-	-	-	-	-	-
Arizona	2	3	1	1	-	1	-	-	-	-	-	-	-	-
Arkansas	1	1	-	-	-	-	-	-	-	-	-	-	-	-
California	30	68	16	11	12	12	6	4	14	2	2	21	5	2
Colorado	5	5	4	1	7	1	1	3	1	-	-	-	-	-
Connecticut	8	10	1	1	1	-	1	-	1	-	-	7	1	-
Delaware	1	3	1	-	1	-	-	-	-	-	-	3	-	-
District of Columbia	1	2	1	-	-	2	-	-	-	-	-	-	-	-
Florida	3	4	-	3	1	-	-	-	3	-	-	1	-	-
Georgia	3	3	1	1	1	1	-	-	1	-	-	1	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	10	26	1	8	2	-	1	-	2	3	5	15	-	-
Indiana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Iowa	1	2	-	1	1	-	-	-	1	-	-	1	-	-
Kansas	3	3	1	2	2	4	1	-	1	1	-	-	-	-
Kentucky	6	8	4	2	2	-	-	-	2	-	-	1	1	-
Louisiana	2	3	1	1	-	1	2	-	1	-	-	-	-	-
Maine	3	4	3	-	1	1	2	-	-	-	-	-	-	-
Maryland	10	14	8	2	2	-	10	-	2	-	-	2	-	-
Massachusetts	5	14	1	3	2	1	-	-	3	-	-	9	-	-
Michigan	24	42	1	12	13	1	-	-	2	3	9	19	7	1
Minnesota	2	4	1	2	1	1	-	-	2	1	-	-	1	-
Mississippi	11	11	11	-	-	1	-	10	-	-	-	-	-	-
Missouri	5	11	1	4	2	1	-	-	3	1	1	5	-	-
Montana	1	1	1	-	-	-	1	-	-	-	-	-	-	-
Nebraska	2	3	2	1	2	-	-	-	1	-	-	1	-	-
Nevada	2	2	-	-	-	-	2	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	19	28	1	2	18	1	-	-	2	-	-	23	2	-
New Mexico	1	2	1	-	-	1	-	-	-	-	-	-	1	-
New York	24	98	10	5	18	9	7	-	18	-	1	51	12	-
North Carolina	3	3	-	-	3	-	-	-	-	-	-	3	-	-
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ohio	16	28	6	7	9	5	-	3	8	-	-	9	2	1
Oklahoma	8	9	4	4	-	1	2	3	2	-	2	-	-	-
Oregon	3	3	1	2	-	1	-	-	2	1	-	-	-	-
Pennsylvania	15	55	6	7	5	3	5	-	9	2	1	36	1	-
Rhode Island	5	10	3	2	1	1	5	-	1	2	-	-	1	-
South Carolina	6	6	4	2	-	-	4	-	2	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	5	7	-	2	3	-	-	-	3	-	-	4	-	-
Texas	10	16	1	9	5	-	-	1	10	-	-	5	-	-
Utah	4	4	3	1	-	2	1	-	-	1	-	-	-	-
Vermont*	*	*	13	7	*	1	8	*	*	3	*	*	*	*
Virginia	20	21	2	3	-	2	2	4	5	1	-	1	1	-
Washington	6	7	3	3	2	1	2	-	2	1	-	-	-	-
West Virginia	3	3	1	-	-	1	-	-	-	-	-	-	-	-
Wisconsin	4	8	1	3	2	-	-	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

^{1/} In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 16.--Number of Jurisdictions in Each State Reporting Special Cerebral Palsy Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions					
						Official health agencies			Other official agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	299	385	95	106	139	25	23	45	52	29	35
Alabama	10	10	1	7	2	-	-	1	3	-	4
Arizona	4	5	-	2	2	-	-	-	1	-	2
Arkansas	-	-	-	-	-	-	-	-	-	-	-
California	37	51	24	13	4	7	17	5	7	7	2
Colorado	5	5	1	3	1	-	-	1	2	1	-
Connecticut	3	3	-	2	1	-	-	-	1	1	-
Delaware	3	3	3	-	-	-	-	3	-	-	-
District of Columbia	1	1	1	-	-	1	-	-	-	-	-
Florida	11	13	-	6	5	-	-	-	3	-	3
Georgia	8	8	3	1	4	1	-	2	1	-	1
Idaho	-	-	-	-	-	-	-	-	-	-	-
Illinois	9	12	-	7	3	-	-	-	-	-	-
Indiana	1	5	1	-	3	2	-	-	-	3	5
Iowa	1	1	-	-	1	-	-	-	-	-	-
Kansas	2	2	1	1	1	-	-	1	1	-	-
Kentucky	4	6	1	3	2	1	-	-	2	1	-
Louisiana	4	5	1	2	1	-	2	-	2	-	-
Maine	1	1	1	-	1	-	-	-	-	-	-
Maryland	8	8	8	-	1	-	-	-	-	-	-
Massachusetts	5	6	1	1	3	1	-	-	1	-	-
Michigan	19	19	1	9	9	-	-	1	1	-	9
Minnesota	2	3	1	1	2	-	-	-	-	1	-
Mississippi	8	8	8	-	-	2	-	6	-	1	-
Missouri	2	3	1	-	2	1	-	-	-	-	-
Montana	1	1	1	-	-	-	-	1	-	-	-
Nebraska	2	3	1	2	1	-	-	-	1	-	-
Nevada	1	1	1	-	-	-	-	1	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-
New Jersey	14	17	-	4	12	-	-	-	4	-	-
New Mexico	2	2	-	1	1	-	-	-	-	-	-
New York	21	44	3	2	21	4	-	-	4	-	1
North Carolina	6	6	-	2	4	-	-	-	1	1	-
North Dakota	1	1	-	1	-	-	-	-	-	-	-
Ohio	25	31	5	7	16	-	-	5	-	-	1
Oklahoma	5	6	2	3	1	-	-	2	3	-	4
Oregon	1	4	-	3	1	-	-	-	-	4	-
Pennsylvania	13	25	2	5	9	1	-	1	3	1	1
Rhode Island	2	2	-	-	2	-	-	-	-	-	-
South Carolina	2	2	-	-	-	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-
Tennessee	8	10	2	2	5	2	-	-	2	-	1
Texas	16	24	4	6	10	1	-	3	6	-	1
Utah	1	2	-	1	1	1	-	-	-	-	-
Vermont*	8	8	3	4	1	-	3	-	-	1	-
Virginia	11	13	6	3	4	1	3	-	2	2	-
Washington	2	2	-	1	1	-	-	-	-	-	-
West Virginia	3	3	-	1	2	-	-	-	-	-	-
Wisconsin	-	-	-	-	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 17.--Number of Jurisdictions in Each State Reporting Epilepsy Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency ^{1/}				Number of centers, by type of sponsoring agency and frequency of clinic sessions					
			Official health agencies		Other official agencies		Official health agencies			Other official agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies		Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	156	230	42	71	59		14	15	21	42	13	22
Alabama	6	6	1	4	1		-	-	1	2	-	2
Arizona	-	-	-	-	-		-	-	-	-	-	-
Arkansas	1	1	-	1	-		-	-	-	1	-	-
California	10	17	1	8	2		-	-	1	6	1	2
Colorado	2	2	1	1	-		-	-	1	1	-	-
Connecticut	2	2	-	1	1		-	-	-	1	-	-
Delaware	2	2	-	2	-		-	-	-	1	-	-
District of Columbia	1	1	1	-	-		1	-	-	-	-	-
Florida	3	3	1	2	-		-	1	-	1	-	-
Georgia	2	2	1	1	-		1	-	-	-	-	-
Idaho	-	-	-	-	-		-	-	-	-	-	-
Illinois	7	21	-	6	3		-	-	-	2	1	3
Indiana	1	1	1	-	-		1	-	-	-	-	-
Iowa	1	1	-	1	-		-	-	-	-	-	-
Kansas	1	1	1	1	-		1	-	-	1	-	-
Kentucky	2	2	1	1	-		1	-	-	-	-	-
Louisiana	4	5	1	3	-		-	2	-	2	-	-
Maine	1	1	-	-	1		-	-	-	-	-	-
Maryland	12	13	11	1	1		-	9	2	1	1	-
Massachusetts	4	10	1	1	2		-	-	1	1	1	1
Michigan	6	7	1	1	4		-	-	1	-	-	2
Minnesota	1	-	-	-	-		-	-	-	-	-	-
Mississippi	1	-	-	-	-		-	-	-	-	-	-
Missouri	1	2	1	-	1		1	-	-	-	-	-
Montana	-	-	-	-	-		-	-	-	-	-	-
Nebraska	1	1	-	1	-		-	-	-	-	-	-
Nevada	-	-	-	-	-		-	-	-	-	-	-
New Hampshire	-	-	-	-	-		-	-	-	-	-	-
New Jersey	7	15	-	1	7		-	-	-	3	-	-
New Mexico	2	2	1	1	1		-	-	-	-	-	-
New York	7	11	2	3	4		-	1	3	2	1	1
North Carolina	2	2	-	-	2		-	-	-	-	-	-
North Dakota	-	-	-	-	-		-	-	-	-	-	-
Ohio	25	33	4	9	16		-	-	4	3	-	6
Oklahoma	2	2	-	2	-		-	-	-	1	-	1
Oregon	2	2	-	2	-		-	-	-	2	-	-
Pennsylvania	7	21	2	4	2		2	-	-	2	1	2
Rhode Island	-	-	-	-	-		-	-	-	-	-	-
South Carolina	-	-	-	-	-		-	-	-	-	-	-
South Dakota	-	-	-	-	-		-	-	-	-	-	-
Tennessee	3	4	-	2	1		-	-	-	2	-	-
Texas	7	14	2	2	5		6	-	1	2	-	-
Utah	2	2	-	1	1		-	-	-	-	-	-
Vermont*	#	#	#	#	*		*	*	*	*	*	*
Virginia	14	14	6	5	3		1	1	6	3	1	1
Washington	3	3	2	1	-		1	1	-	-	-	-
West Virginia	2	2	1	1	-		-	-	-	-	-	-
Wisconsin	1	1	-	1	1		-	-	-	1	-	-
Wyoming	-	-	-	-	-		-	-	-	-	-	-

^{1/} In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 18.--Number of Jurisdictions in Each State Reporting Tuberculosis Clinical Centers of all Types Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency ^{1/}				Number of centers, by type of sponsoring agency and frequency of clinic sessions*							
			Official health agencies		Volun- tary agencies	Official health agencies			Other official agencies			Voluntary agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies		Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	1,006	3,905	907	278	158	765	409	2,102	317	44	13	159	73	23
Alabama	65	82	63	6	2	18	14	42	4	1	1	2	-	-
Arizona	4	9	4	3	1	4	-	-	3	-	-	1	1	-
Arkansas	5	6	1	3	-	-	1	-	5	-	-	-	-	-
California	47	140	36	36	5	43	25	8	50	3	1	8	1	1
Colorado	9	17	9	2	2	2	1	10	2	-	-	1	1	1
Connecticut	13	15	4	7	4	3	1	5	5	2	-	2	2	-
Delaware	4	10	4	-	1	2	6	-	2	-	-	-	-	-
District of Columbia	1	5	1	1	-	3	-	-	-	-	-	-	-	-
Florida	36	86	36	3	1	41	9	32	3	-	-	1	-	-
Georgia	48	125	48	4	-	55	6	60	3	1	-	-	-	-
Idaho	2	2	2	-	-	1	1	-	-	-	-	-	-	-
Illinois	22	68	5	18	4	7	1	-	24	5	-	6	25	-
Indiana	7	9	1	2	4	3	-	-	2	-	-	2	2	-
Iowa	2	3	1	1	1	-	-	1	1	-	-	1	1	-
Kansas	7	9	5	2	2	2	-	3	2	-	-	1	1	-
Kentucky	44	62	41	4	2	39	11	6	4	-	-	2	-	-
Louisiana	33	53	25	12	1	32	5	2	12	1	-	-	1	-
Maine	9	23	6	3	2	1	-	17	3	-	-	2	-	-
Maryland	24	60	23	2	2	21	27	3	3	-	1	3	1	1
Massachusetts	9	41	7	6	2	18	7	1	5	2	-	7	-	-
Michigan	35	58	23	18	5	20	2	9	18	-	2	6	-	1
Minnesota	4	6	1	4	-	1	-	-	5	-	-	-	-	-
Mississippi	59	1,757 ^{2/}	58	-	-	36	63	1,658 ^{2/}	-	-	-	-	-	-
Missouri	10	21	8	2	3	11	2	-	3	-	-	5	-	-
Montana	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	2	3	1	1	1	-	-	-	1	-	-	1	-	-
Nevada	1	1	-	1	-	-	-	-	1	-	-	-	-	-
New Hampshire	1	1	-	1	-	-	-	-	-	-	-	-	-	-
New Jersey	44	63	13	20	22	16	2	2	13	6	1	14	8	1
New Mexico	4	5	2	14	2	2	-	-	-	-	-	-	3	-
New York	39	266	36	14	5	71	35	104	27	6	3	20	3	-
North Carolina	60	122	54	13	9	67	22	3	18	3	-	9	-	-
North Dakota	1	1	-	-	1	-	-	-	-	-	-	-	-	1
Ohio	56	106	32	28	20	31	10	5	27	5	-	11	11	6
Oklahoma	29	70	27	5	3	15	34	8	8	1	-	4	-	-
Oregon	12	17	9	4	-	6	4	2	4	1	-	-	-	-
Pennsylvania	24	92	16	9	11	51	-	2	13	1	1	22	1	4
Rhode Island	6	21	5	1	2	3	6	8	1	-	-	2	2	-
South Carolina	41	56	35	6	9	13	22	4	5	2	-	3	5	2
South Dakota	1	1	-	1	-	-	-	-	1	-	-	-	-	-
Tennessee	59	126	59	4	5	50	59	4	6	-	-	7	2	2
Texas	24	42	16	8	9	19	-	4	7	-	1	7	-	-
Utah	1	1	1	-	-	1	-	-	-	-	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	45	114	41	7	4	32	14	52	9	2	-	1	2	1
Washington	18	32	17	3	2	14	6	6	4	-	-	1	1	1
West Virginia	25	71	21	4	5	5	9	44	5	-	-	2	5	1
Wisconsin	14	27	9	7	4	5	4	4	8	1	1	2	2	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

2/ Included in the number of centers reported by this State are centers at which scheduled appointments are made by tuberculosis mobile unit covering the State.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 19.--Number of Jurisdictions in Each State Reporting Tuberculosis Collapse Therapy for Nonhospitalized Patients in Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/			Number of centers, by type of sponsoring agency and frequency of clinic sessions ^a								
						Official health agencies				Other official agencies				Voluntary agencies
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	537	765	280	225	81	322	35	20	255	20	7	84	15	7
Alabama	32	36	25	7	2	16	7	4	5	1	1	2	-	-
Arizona	3	4	-	3	1	-	-	-	3	-	-	1	-	-
Arkansas	4	4	-	4	-	-	-	-	4	-	-	-	-	-
California	42	88	9	39	3	26	2	1	49	2	1	8	-	-
Colorado	4	6	3	2	1	2	-	-	1	-	-	1	-	-
Connecticut	4	5	1	3	1	1	-	-	3	-	-	1	-	-
Delaware	1	1	1	-	-	1	-	-	-	-	-	-	-	-
District of Columbia	1	4	1	1	-	2	-	-	2	-	-	-	-	-
Florida	12	15	10	2	-	11	2	-	2	-	-	-	-	-
Georgia	33	51	30	3	-	48	1	-	3	-	-	-	-	-
Idaho	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Illinois	17	27	2	15	-	3	-	-	22	2	-	-	-	-
Indiana	5	5	1	2	2	1	-	-	1	-	-	2	-	-
Iowa	1	2	1	1	1	-	-	-	1	-	-	1	-	-
Kansas	3	3	1	2	-	1	-	-	2	-	-	-	-	-
Kentucky	9	11	3	4	2	2	3	-	4	-	-	2	-	-
Louisiana	18	23	9	8	2	10	3	-	8	-	-	1	1	-
Maine	6	6	1	3	2	1	-	-	3	-	-	2	-	-
Maryland	12	17	12	1	1	14	-	1	3	-	1	-	-	1
Massachusetts	8	15	6	3	2	7	1	1	3	-	-	3	-	-
Michigan	27	31	13	15	1	12	1	1	16	-	-	1	-	-
Minnesota	3	4	3	3	-	-	-	-	4	-	-	-	-	-
Mississippi	16	19	16	-	-	19	-	-	-	-	-	-	-	-
Missouri	7	12	5	1	2	7	1	-	1	-	-	3	-	-
Montana	-	2	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	2	3	1	1	1	1	-	-	1	-	-	1	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	14	16	2	7	6	2	-	-	7	-	-	7	-	-
New Mexico	3	4	2	-	1	2	-	-	-	-	-	-	2	-
New York	31	58	16	14	5	16	3	1	25	1	-	12	-	-
North Carolina	26	35	16	11	1	18	1	1	11	2	1	1	-	-
North Dakota	1	1	-	-	1	-	-	-	-	-	-	-	-	1
Ohio	35	42	7	22	8	5	2	-	23	3	-	3	5	1
Oklahoma	7	9	3	2	3	3	-	-	1	1	-	4	-	1
Oregon	6	7	2	4	6	2	-	-	4	1	-	-	-	-
Pennsylvania	21	41	13	6	6	25	-	-	8	1	-	8	-	-
Rhode Island	5	8	2	1	3	2	-	-	1	2	-	4	1	1
South Carolina	13	14	4	6	3	3	1	-	5	-	-	-	2	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	22	28	16	3	5	16	1	-	4	-	-	7	-	-
Texas	19	24	7	7	7	9	-	-	7	-	-	4	2	2
Utah	2	2	-	1	1	-	-	-	-	1	-	-	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	35	52	26	7	4	24	5	7	8	4	-	3	1	-
Washington	15	15	11	3	1	9	1	-	3	-	-	-	-	-
West Virginia	4	5	1	2	1	1	-	-	3	-	-	1	-	-
Wisconsin	7	11	1	6	1	-	-	2	3	-	-	1	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 20.--Number of Jurisdictions in Each State Reporting Mental Hygiene Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency ^{1/}			Number of centers, by type of sponsoring agency and frequency of clinic sessions					
						Official health agencies			Other official agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	391	729	137	186	137	108	55	26	171	67	39
Alabama	8	8	6	2	-	3	2	1	2	-	-
Arizona	3	4	1	2	-	-	-	2	2	-	-
Arkansas	1	1	-	-	-	-	-	-	1	-	-
California	30	77	7	19	13	7	4	-	29	2	2
Colorado	5	8	3	3	1	2	2	-	2	1	-
Connecticut	12	20	3	6	8	-	-	-	7	10	-
Delaware	4	4	-	4	-	-	-	-	4	-	-
District of Columbia	1	3	1	-	-	3	-	-	-	-	-
Florida	8	11	6	2	1	7	1	-	2	1	-
Georgia	4	5	4	1	-	4	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-
Illinois	17	29	2	11	8	1	-	1	7	2	-
Indiana	4	14	1	3	3	1	-	-	9	3	-
Iowa	2	3	1	2	1	1	-	-	2	1	-
Kansas	3	3	1	1	1	1	-	-	1	1	-
Kentucky	7	10	5	1	3	1	4	-	-	3	-
Louisiana	9	10	1	7	1	-	2	-	6	1	-
Maine	10	15	10	-	-	3	5	7	1	-	-
Maryland	19	25	18	1	2	21	1	-	1	-	-
Massachusetts	5	17	-	4	4	-	-	-	3	2	-
Michigan	25	36	-	18	9	-	-	-	13	8	4
Minnesota	4	6	-	2	3	-	-	-	2	2	-
Mississippi	17	18	17	-	-	-	14	-	-	1	-
Missouri	4	10	3	-	3	4	-	-	-	-	-
Montana	4	4	-	4	-	-	-	-	2	-	-
Nebraska	2	3	-	1	2	-	-	-	1	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	1	1	-	1	-	-	-	-	1	-	-
New Jersey	20	29	-	8	15	-	-	-	4	-	-
New Mexico	1	1	1	-	-	-	-	-	-	5	-
New York	37	166	11	25	11	20	9	2	28	32	19
North Carolina	8	11	3	1	4	4	-	-	-	-	1
North Dakota	-	-	-	-	-	-	-	-	-	-	-
Ohio	19	30	3	11	10	2	-	-	8	-	-
Oklahoma	5	7	2	3	1	1	1	1	2	2	1
Oregon	12	16	6	6	10	3	2	2	2	1	-
Pennsylvania	18	39	2	9	2	1	1	-	8	2	-
Rhode Island	4	5	-	3	2	-	-	-	2	1	-
South Carolina	4	4	-	3	1	-	-	-	3	-	-
South Dakota	1	1	1	-	-	1	-	-	-	-	-
Tennessee	6	8	3	3	1	3	-	-	2	2	-
Texas	9	17	4	3	4	6	-	-	3	7	-
Utah	3	3	1	1	1	-	-	-	1	1	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*
Virginia	16	17	2	9	6	2	1	-	6	2	-
Washington	5	6	3	2	1	2	1	-	1	1	-
West Virginia	6	11	5	1	1	2	6	-	2	2	-
Wisconsin	8	13	4	2	4	3	-	-	1	1	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-

^{1/} In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX A (Continued)

Table 21.--Number of Jurisdictions in Each State Reporting Diabetes Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)			Number of jurisdictions with clinical centers operated by each type of agency ^{1/}			• Number of centers, by type of sponsoring agency and frequency of clinic sessions ^a					
							Official health agencies			Other official agencies		
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies		Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly
Totals	207	482	57	95	91		62	4	33	112	9	8
Alabama	4	4	1	3	-		-	-	1	2	-	1
Arizona	1	1	-	1	-		-	-	-	1	-	-
Arkansas	-	-	-	-	-		-	-	-	-	-	-
California	20	38	1	18	6		-	-	1	16	2	1
Colorado	1	1	-	1	-		-	-	-	1	-	-
Connecticut	7	11	1	1	5		-	-	1	1	-	-
Delaware	1	2	-	-	1		-	-	-	-	-	-
District of Columbia	1	1	1	-	-		1	-	-	-	-	-
Florida	10	33	9	3	-		21	1	6	5	-	-
Georgia	4	5	2	2	1		2	-	-	1	-	-
Idaho	-	-	-	-	-		-	-	-	-	-	-
Illinois	6	22	-	2	5		-	-	-	2	-	1
Indiana	1	1	1	1	-		1	-	-	-	-	-
Iowa	1	1	-	-	-		-	-	-	1	-	-
Kansas	3	3	1	2	-		1	-	-	1	-	-
Kentucky	3	3	2	1	-		2	-	-	1	-	-
Louisiana	5	9	3	2	-		5	2	-	1	-	-
Maine	3	4	1	-	3		1	-	-	-	-	-
Maryland	4	6	1	2	2		1	-	-	3	-	-
Massachusetts	7	21	2	4	4		1	-	-	3	-	-
Michigan	8	12	2	4	3		1	-	1	3	-	-
Minnesota	3	4	-	2	2		-	-	2	2	-	-
Mississippi	1	1	1	-	-		1	-	-	-	-	-
Missouri	4	15	2	2	2		2	1	-	3	-	-
Montana	-	-	-	-	-		-	-	-	-	-	-
Nebraska	2	3	1	1	-		1	-	-	1	-	-
Nevada	-	-	-	-	-		-	-	-	-	-	-
New Hampshire	-	-	-	-	-		-	-	-	-	-	-
New Jersey	18	28	1	2	17		1	-	-	2	-	-
New Mexico	-	-	-	-	-		-	-	-	-	-	-
New York	12	95	-	3	12		-	-	-	21	-	-
North Carolina	8	12	3	2	3		7	-	-	1	-	-
North Dakota	4	16	3	1	1		-	-	14	-	-	1
Ohio	14	26	6	5	7		-	-	6	5	-	-
Oklahoma	6	9	3	3	-		5	-	1	3	-	-
Oregon	2	3	-	2	-		-	-	-	-	-	-
Pennsylvania	13	51	2	6	6		2	-	-	10	-	-
Rhode Island	2	2	-	2	2		-	-	-	-	-	-
South Carolina	3	3	-	3	-		-	-	-	3	-	-
South Dakota	-	-	-	-	-		-	-	-	-	-	-
Tennessee	4	5	-	3	1		-	-	-	3	-	-
Texas	8	15	3	7	3		3	-	-	7	-	-
Utah	2	2	-	1	1		-	-	-	-	-	-
Vermont*	* *	* *	* *	* *	* *		* *	* *	* *	* *	* *	* *
Virginia	6	6	2	2	2		2	-	-	2	-	-
Washington	2	4	1	2	-		1	-	-	4	-	-
West Virginia	1	1	1	1	-		1	-	-	1	-	-
Wisconsin	2	3	1	1	-		1	-	-	1	-	-
Wyoming	-	-	-	-	-		-	-	-	-	-	-

^{1/} In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

Table 22.--Number of Jurisdictions in Each State Reporting Cardiovascular Clinical Centers Operated by Official Health Agencies, Other Official Agencies, and Voluntary Agencies, and Number of Such Centers Reported, According to Frequency of Clinic Sessions Scheduled by Each Type of Agency
December 31, 1951

State	Total (all agencies)		Number of jurisdictions with clinical centers operated by each type of agency 1/		Number of centers, by type of sponsoring agency and frequency of clinic sessions				Voluntary agencies			
					Official health agencies				Other official agencies			
	Jurisdictions with clinical centers	Number of centers	Official health agencies	Other official agencies	Volun- tary agencies	Weekly	Monthly	Less often than monthly	Weekly	Monthly	Less often than monthly	Less often than monthly
Totals	205	169	36	94	107	33	8	4	122	11	2	19
Alabama	5	5	1	3	1	-	-	1	2	-	1	-
Arizona	1	1	-	1	-	-	-	-	-	1	-	-
Arkansas	2	3	1	1	1	1	-	-	-	-	-	-
California	23	46	2	17	8	2	-	1	17	3	1	1
Colorado	2	2	1	1	-	1	-	-	1	-	-	-
Connecticut	8	13	1	1	7	-	1	-	1	-	-	1
Delaware	-	-	-	-	-	-	-	-	-	-	-	-
District of Columbia	1	1	1	-	-	1	-	-	-	-	-	-
Florida	2	2	-	2	-	-	-	-	2	-	-	-
Georgia	7	8	3	2	2	3	-	-	1	2	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-
Illinois	6	23	1	2	5	1	-	-	2	1	-	-
Indiana	1	1	1	-	-	1	-	-	-	-	-	-
Iowa	2	2	1	1	-	-	-	1	1	-	-	-
Kansas	3	3	1	1	-	1	-	-	1	1	-	-
Kentucky	2	2	1	1	-	1	-	-	1	-	-	-
Louisiana	5	6	1	4	-	-	2	-	3	1	-	-
Maine	3	3	1	1	2	-	1	-	-	-	-	-
Maryland	3	4	1	1	2	1	-	-	1	1	-	-
Massachusetts	5	20	-	4	4	-	-	-	1	-	-	-
Michigan	6	8	-	2	4	-	-	-	4	-	-	-
Minnesota	2	3	-	1	1	-	-	-	2	-	-	1
Mississippi	-	-	-	-	-	-	-	-	-	-	-	-
Missouri	3	14	1	2	2	2	-	-	3	-	-	-
Montana	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	1	2	-	1	1	-	-	-	1	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire	-	-	-	-	-	-	-	-	-	-	-	-
New Jersey	23	31	2	2	22	1	-	-	2	-	-	6
New Mexico	12	131	1	4	11	1	1	-	31	-	-	3
New York	6	12	2	1	3	6	-	-	1	-	-	-
North Carolina	-	-	-	-	-	-	-	-	-	-	-	-
North Dakota	11	24	1	5	8	-	-	-	5	-	-	-
Ohio	5	8	2	4	-	4	-	1	4	-	-	3
Oklahoma	2	3	-	2	-	-	-	-	-	-	-	-
Oregon	14	40	3	7	7	3	-	-	11	1	-	-
Pennsylvania	2	2	3	-	2	-	-	-	2	-	-	1
Rhode Island	2	8	4	3	1	1	3	-	3	-	-	1
South Carolina	6	-	-	-	-	-	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-
Tennessee	6	7	-	3	3	-	-	-	3	-	-	-
Texas	9	15	-	9	3	-	-	-	10	-	-	-
Utah	2	2	-	1	1	-	-	-	-	1	-	-
Vermont*	*	*	*	*	*	*	*	*	*	*	*	*
Virginia	6	6	1	1	3	1	-	-	2	-	-	1
Washington	1	1	1	1	-	1	-	-	1	-	-	-
West Virginia	3	3	1	1	2	1	-	-	1	-	-	1
Wisconsin	1	2	-	1	1	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-

1/ In some jurisdictions clinical centers were operated by more than one type of agency, in which case the jurisdiction is counted under each type of sponsoring agency. Therefore, the sum of the jurisdictions shown by each type of agency for each State exceeds the total jurisdictions with clinical centers shown in column 1.

* Vermont has no full-time health organizations rendering local health service.

APPENDIX B

Table 1.--Total Urban Population of Reporting Full-Time Health Organizations Served by Approved Water Supplies, Sewerage Systems, Sewage Treatment Plants, Refuse Collection Service, and Refuse Disposal Systems
December 31, 1951

State	Total urban population reported	Urban population served by approved--						Refuse disposal systems	
		Water supplies		Sewerage systems		Sewage treatment plants		Refuse collection service	
		Population	Percent	Population	Percent	Population	Percent	Population	Percent
Totals	84,226,599	79,273,033	94.1	72,526,336	86.1	48,611,020	57.7	74,656,029	88.6
Alabama	1,528,249	1,374,510	89.9	1,146,563	75.0	556,627	36.4	1,256,516	82.2
Arizona	473,325	471,425	99.6	290,916	61.5	256,700	54.2	331,700	70.1
Arkansas	600,798	560,254	93.3	444,202	73.9	231,400	38.5	403,131	67.1
California	8,659,663	8,475,676	97.9	8,099,283	95.5	7,154,905	82.6	8,333,095	96.2
Colorado	730,362	709,550	97.2	624,300	85.5	582,400	79.7	623,000	85.3
Connecticut	1,135,966	1,083,091	95.3	983,319	86.6	927,545	81.7	1,062,828	93.6
Delaware	148,321	145,621	98.2	144,421	97.4	21,700	14.6	133,681	90.1
Dist. of Columbia	834,395	834,395	100.0	834,395	100.0	834,395	100.0	834,395	100.0
Florida	1,716,462	1,535,116	89.4	1,016,155	59.2	563,732	32.8	1,554,706	90.6
Georgia	1,657,461	1,515,122	91.4	1,340,818	80.9	787,525	47.5	1,423,046	85.9
Idaho	187,616	178,616	95.2	121,000	64.5	44,500	23.7	155,000	82.6
Illinois	5,337,275	5,061,396	94.8	5,169,218	96.9	4,990,179	93.5	5,210,495	97.6
Indiana	1,012,069	865,495	85.5	837,327	82.7	640,866	63.3	915,121	90.4
Iowa	230,613	220,613	95.7	210,613	91.3	180,000	78.1	30,613	13.3
Kansas	732,505	732,505	100.0	699,943	95.7	491,084	65.0	673,803	92.2
Kentucky	1,034,045	781,883	75.6	782,387	75.7	205,388	19.9	760,413	73.5
Louisiana	1,811,562	1,558,295	86.0	1,315,776	72.6	321,996	17.8	1,465,101	80.9
Maine	601,805	470,989	78.3	367,423	61.1	17,478	2.9	332,630	55.3
Maryland	1,854,076	1,699,851	91.7	1,613,322	87.0	1,445,325	78.0	1,736,141	93.6
Massachusetts	1,536,582	1,536,689	99.4	1,502,419	97.1	263,565	17.1	1,529,179	98.9
Michigan	4,632,447	4,264,376	92.1	3,903,800	92.1	3,586,166	77.4	3,914,567	91.2
Minnesota	1,069,197	964,258	90.1	976,864	91.4	945,461	93.7	1,014,461	95.5
Mississippi	717,257	663,537	92.5	458,720	64.0	119,109	20.8	615,368	85.8
Missouri	1,957,614	1,903,227	97.2	1,679,798	85.8	127,595	6.5	1,285,569	65.7
Montana	90,977	85,901	94.4	75,901	83.4	57,183	62.9	79,637	87.5
Nebraska	426,997	425,247	99.6	375,117	87.9	184,000	43.1	425,250	99.9
Nevada	79,650	79,650	100.0	69,750	87.6	69,750	87.6	73,650	92.5
New Hampshire	83,615	82,779	99.0	70,237	84.0	-	-	83,615	100.0
New Jersey	2,923,939	2,923,186	99.6	2,875,884	97.8	2,311,437	78.6	2,929,828	99.7
New Mexico	383,615	331,287	87.1	308,566	80.4	309,412	80.7	332,984	86.8
New York	13,321,865	12,847,375	96.4	11,756,485	88.3	7,100,804	53.3	12,002,638	90.1
North Carolina	1,741,559	1,514,473	87.0	1,331,781	76.5	773,709	44.4	1,456,206	83.6
North Dakota	120,849	114,149	94.5	112,149	92.8	50,749	42.0	117,710	97.4
Ohio	4,569,874	4,290,493	93.9	4,049,655	88.6	3,088,805	67.6	4,076,283	89.2
Oklahoma	808,848	987,642	98.9	933,749	93.5	610,827	61.2	882,308	86.3
Oregon	800,585	789,803	98.7	670,712	83.8	202,663	25.3	691,282	86.3
Pennsylvania	4,476,608	4,289,727	95.8	3,848,408	86.0	1,562,731	34.9	3,964,623	88.6
Rhode Island	682,492	640,873	93.9	438,618	64.3	419,318	61.4	612,979	89.8
South Carolina	934,267	793,008	84.9	705,018	75.5	435,794	46.6	739,152	79.1
South Dakota	105,910	105,910	100.0	101,410	95.8	82,696	78.1	82,696	78.1
Tennessee	1,507,521	1,394,255	92.5	1,115,347	74.0	111,232	7.4	1,272,917	84.4
Texas	4,076,120	3,673,327	90.1	3,343,392	82.0	3,019,667	74.1	3,673,661	90.2
Utah	449,845	272,612	60.6	413,356	91.9	22,055	4.9	449,845	100.0
Vermont	1,735,026	1,637,805	94.4	1,443,680	83.2	778,798	44.9	1,571,910	90.6
Virginia	1,630,273	1,584,753	97.2	1,336,425	82.0	234,332	14.4	1,494,865	91.7
West Virginia	854,490	784,975	91.9	682,611	79.9	49,375	5.8	706,300	82.7
Wisconsin	2,011,356	1,976,178	98.3	1,963,176	97.6	1,794,642	89.2	1,942,623	96.6
Wyoming	31,935	31,935	100.0	31,935	100.0	15,000	47.0	31,935	100.0

* Vermont has no full-time health organizations rendering local health service.

APPENDIX B (Continued)

Table 2.--Number of Reporting Full-Time Health Organizations Grouped According to Percentage of Urban Population Served by Approved Water Supplies
December 31, 1951

State	Number of organizations in each percentage group						
	None	1 - 29	30 - 49	50 - 79	80 - 99	100	Data unsatisfactory
Totals	151	7	20	122	472	482	14
Alabama	17	-	1	8	20	21	-
Arizona	-	-	-	-	2	6	-
Arkansas	1	-	-	2	22	2	-
California	-	-	1	3	10	34	-
Colorado	-	-	-	-	5	4	-
Connecticut	-	-	-	1	9	6	-
Delaware	-	-	-	-	2	2	-
Dist. of Columbia	-	-	-	-	-	1	-
Florida	1	-	-	2	20	14	1
Georgia	1	-	1	10	25	12	-
Idaho	-	-	-	-	2	3	-
Illinois	-	-	1	3	14	10	-
Indiana	-	-	-	1	6	2	-
Iowa	-	-	-	-	1	1	-
Kansas	-	-	-	-	7	8	-
Kentucky	43	-	2	11	8	10	1
Louisiana	11	-	3	5	13	24	3
Maine	-	-	1	5	4	-	-
Maryland	5	-	1	4	7	7	-
Massachusetts	-	-	-	1	3	5	-
Michigan	2	1	-	7	21	19	-
Minnesota	-	-	1	-	2	1	-
Mississippi	18	-	-	1	32	8	-
Missouri	4	-	-	3	9	5	3
Montana	1	-	-	-	1	2	-
Nebraska	-	-	-	-	2	2	-
Nevada	-	-	-	-	-	2	-
New Hampshire	-	-	-	-	1	-	-
New Jersey	-	-	-	2	13	50	-
New Mexico	-	-	-	1	5	4	-
New York	-	-	-	4	17	18	-
North Carolina	8	-	-	14	27	19	1
North Dakota	-	-	-	1	5	2	-
Ohio	9	-	1	5	22	29	-
Oklahoma	-	-	-	-	17	12	-
Oregon	-	-	-	1	4	14	-
Pennsylvania	-	-	2	1	6	15	1
Rhode Island	-	-	-	-	5	1	-
South Carolina	4	1	1	7	16	16	1
South Dakota	-	-	-	-	-	2	-
Tennessee	11	2	1	5	23	17	-
Texas	2	3	1	3	28	10	-
Utah	5	-	1	1	1	2	-
Vermont	*	*	*	*	*	*	*
Virginia	8	-	-	6	12	23	-
Washington	-	-	-	2	8	9	-
West Virginia	-	-	1	2	4	17	3
Wisconsin	-	-	-	-	11	10	-
Wyoming	-	-	-	-	-	1	-

* Vermont has no full-time health organizations rendering local health service.

APPENDIX B (Continued)

Table 3.--Number of Reporting Full-Time Health Organizations Grouped According to Percentage of Urban Population Served by Approved Sewerage Systems
December 31, 1951

State	Number of organizations in each percentage group						
	None	1 - 29	30 - 49	50 - 79	80 - 99	100	Data unsatisfactory
Totals	156	34	89	317	390	266	16
Alabama	17	1	4	26	14	5	-
Arizona	-	1	2	2	2	1	-
Arkansas	1	-	1	17	8	-	-
California	1	-	1	7	18	21	-
Colorado	-	-	-	3	4	2	-
Connecticut	1	-	-	6	5	4	-
Delaware	-	-	-	-	2	2	-
Dist. of Columbia	-	-	-	-	-	1	-
Florida	1	4	6	17	7	2	1
Georgia	-	2	9	23	11	4	-
Idaho	-	-	1	2	1	1	-
Illinois	-	-	1	7	13	7	-
Indiana	-	-	-	3	4	2	-
Iowa	-	-	-	-	1	1	-
Kansas	-	-	1	1	5	8	-
Kentucky	31	1	9	19	8	5	2
Louisiana	14	-	6	18	10	8	3
Maine	-	-	1	6	3	-	-
Maryland	5	-	2	7	6	4	-
Massachusetts	-	2	-	-	3	4	-
Michigan	5	1	2	11	19	12	-
Minnesota	-	-	-	-	3	1	-
Mississippi	20	-	9	19	9	2	-
Missouri	5	-	-	7	7	2	3
Montana	1	-	-	1	-	2	-
Nebraska	1	-	-	-	3	-	-
Nevada	-	-	-	-	2	-	-
New Hampshire	-	-	-	-	1	-	-
New Jersey	-	-	1	6	16	42	-
New Mexico	-	-	-	3	6	1	-
New York	1	2	1	5	19	11	-
North Carolina	10	-	5	22	20	11	1
North Dakota	-	-	-	1	6	1	-
Ohio	11	2	3	11	21	18	-
Oklahoma	-	-	-	3	21	5	-
Oregon	-	-	1	5	3	10	-
Pennsylvania	1	2	1	3	8	9	1
Rhode Island	1	-	2	2	-	1	-
South Carolina	4	2	5	11	17	5	2
South Dakota	-	-	-	-	1	1	-
Tennessee	12	5	8	20	11	3	-
Texas	2	5	1	11	24	4	-
Utah	-	-	-	1	1	8	-
Vermont	*	*	*	*	*	*	*
Virginia	10	3	3	1	18	14	-
Washington	-	1	1	5	10	2	-
West Virginia	1	-	2	5	8	8	3
Wisconsin	-	-	-	-	11	10	-
Wyoming	-	-	-	-	-	1	-

* Vermont has no full-time health organizations rendering local health service.

APPENDIX B (Continued)

Table 4.--Number of Reporting Full-Time Health Organizations Grouped According to Percentage of Urban Population Served by Approved Sewage Treatment Plants
December 31, 1951

State	Number of organizations in each percentage group						
	None	1 - 29	30 - 49	50 - 79	80 - 99	100	Data unsatisfactory
Totals	455	127	103	214	204	146	19
Alabama	38	10	9	8	2	-	-
Arizona	-	3	2	1	1	1	-
Arkansas	6	1	4	10	6	-	-
California	5	4	4	12	11	12	-
Colorado	1	-	1	2	3	2	-
Connecticut	1	1	-	7	6	1	-
Delaware	2	-	-	1	1	-	-
Dist. of Columbia	-	-	-	-	-	1	-
Florida	12	8	5	7	4	1	1
Georgia	18	10	3	14	4	-	-
Idaho	1	1	3	-	-	-	-
Illinois	4	1	2	7	8	6	-
Indiana	1	3	-	1	2	2	-
Iowa	-	1	-	-	1	-	-
Kansas	3	-	1	4	4	3	-
Kentucky	40	2	10	19	2	1	1
Louisiana	28	3	4	11	7	4	2
Maine	4	6	-	-	-	-	-
Maryland	7	3	1	6	5	2	-
Massachusetts	5	2	1	-	-	1	-
Michigan	16	3	6	7	11	6	1
Minnesota	-	-	-	1	2	1	-
Mississippi	41	2	7	7	2	-	-
Missouri	13	2	2	-	3	1	3
Montana	2	-	-	1	-	1	-
Nebraska	1	1	-	-	2	-	-
Nevada	-	-	-	-	2	-	-
New Hampshire	1	-	-	-	-	-	-
New Jersey	8	-	1	5	16	35	-
New Mexico	-	-	-	3	6	1	-
New York	4	5	2	8	14	5	1
North Carolina	28	9	2	13	8	8	1
North Dakota	4	1	-	-	2	1	-
Ohio	24	6	1	13	9	13	-
Oklahoma	7	2	2	5	10	3	-
Oregon	2	5	4	1	2	5	-
Pennsylvania	7	2	2	-	6	7	1
Rhode Island	1	-	3	1	-	1	-
South Carolina	15	3	3	11	4	4	6
South Dakota	-	-	-	1	1	-	-
Tennessee	43	7	4	3	2	-	-
Texas	5	3	4	14	17	4	-
Utah	5	3	1	1	-	-	-
Vermont	*	*	*	*	*	*	*
Virginia	27	4	4	1	7	5	1
Washington	6	5	2	2	3	1	-
West Virginia	18	5	1	2	-	-	1
Wisconsin	1	-	1	4	8	7	-
Wyoming	-	-	1	-	-	-	-

* Vermont has no full-time health organization rendering local health service.

APPENDIX B (Continued)

Table 5.--Number of Reporting Full-Time Health Organizations Grouped According to Percentage.
of Urban Population Served by Approved Refuse Collection Service
December 31, 1951

State	Number of organizations in each percentage group						
	None	1 - 29	30 - 49	50 - 79	80 - 99	100	Data unsatisfactory
Totals	177	21	48	208	315	476	23
Alabama	19	1	4	9	15	19	-
Arizona	-	-	-	2	2	4	-
Arkansas	3	-	7	10	7	-	-
California	1	-	-	7	9	31	-
Colorado	-	-	1	4	1	3	-
Connecticut	-	-	-	2	2	11	1
Delaware	1	-	-	1	-	2	-
Dist. of Columbia	-	-	-	-	-	1	-
Florida	1	-	1	8	15	12	1
Georgia	4	2	1	10	21	11	-
Idaho	-	-	1	-	3	1	-
Illinois	-	-	1	6	9	12	-
Indiana	-	-	-	-	5	4	-
Iowa	1	-	-	-	-	1	-
Kansas	-	1	-	2	4	8	-
Kentucky	40	1	2	4	10	18	-
Louisiana	12	1	3	9	12	19	3
Maine	-	2	3	1	4	-	-
Maryland	5	-	1	6	6	6	-
Massachusetts	-	-	1	-	2	6	-
Michigan	4	2	4	7	14	17	2
Minnesota	-	-	-	1	1	1	1
Mississippi	19	-	1	12	18	9	-
Missouri	11	-	1	4	1	4	3
Montana	1	-	-	1	1	1	-
Nebraska	1	-	-	-	3	-	-
Nevada	-	-	-	-	1	1	-
New Hampshire	-	-	-	-	-	1	-
New Jersey	-	-	-	2	2	61	-
New Mexico	-	1	-	4	4	1	-
New York	-	1	4	7	7	18	2
North Carolina	9	2	1	10	16	31	-
North Dakota	-	-	-	-	3	5	-
Ohio	12	3	2	11	11	27	-
Oklahoma	2	-	1	4	15	6	1
Oregon	-	-	1	3	4	11	-
Pennsylvania	2	1	-	3	3	13	3
Rhode Island	-	-	-	2	1	3	-
South Carolina	4	-	1	13	15	11	2
South Dakota	-	-	-	1	1	-	-
Tennessee	12	-	3	20	13	11	-
Texas	3	1	1	9	17	16	-
Utah	-	-	-	-	-	10	-
Vermont	*	*	*	*	*	*	*
Virginia	9	1	1	3	15	20	-
Washington	1	-	1	4	7	6	-
West Virginia	-	-	-	6	7	10	4
Wisconsin	-	1	-	-	8	12	-
Wyoming	-	-	-	-	-	1	-

* Vermont has no full-time health organizations rendering local health service.

APPENDIX B (Continued)

Table 6.--Number of Reporting Full-Time Health Organizations Grouped According to Percentage of Urban Population Served by Approved Refuse Disposal Systems
December 31, 1951

State	Number of organizations in each percentage group						
	None	1 - 29	30 - 49	50 - 79	80 - 99	100	Data unsatisfactory
Totals	513	47	44	154	178	307	25
Alabama	23	1	3	11	15	14	-
Arizona	3	-	-	1	-	2	2
Arkansas	27	-	-	-	-	-	-
California	3	-	4	5	9	27	-
Colorado	2	-	1	4	-	2	-
Connecticut	1	-	-	1	2	12	-
Delaware	1	-	-	2	-	1	-
Dist. of Columbia	-	-	-	-	-	1	-
Florida	7	2	2	9	9	8	1
Georgia	23	4	4	7	8	3	-
Idaho	2	-	-	2	1	-	-
Illinois	14	-	2	3	5	4	-
Indiana	2	2	-	-	3	2	-
Iowa	1	-	-	-	-	1	-
Kansas	2	1	1	1	1	7	2
Kentucky	44	1	2	4	8	16	-
Louisiana	25	1	3	7	9	11	3
Maine	7	3	-	-	-	-	-
Maryland	10	-	1	2	6	4	1
Massachusetts	1	1	-	-	-	7	-
Michigan	17	2	3	6	5	14	3
Minnesota	1	-	-	-	1	1	1
Mississippi	40	-	-	4	11	4	-
Missouri	16	3	1	-	-	1	3
Montana	2	-	-	1	-	1	-
Nebraska	2	-	-	-	2	-	-
Nevada	-	-	-	-	1	1	-
New Hampshire	-	-	-	-	-	1	-
New Jersey	43	-	-	3	1	18	-
New Mexico	-	1	-	4	4	1	-
New York	6	5	3	8	2	13	2
North Carolina	18	5	3	11	11	21	-
North Dakota	6	-	-	-	-	2	-
Ohio	21	5	3	7	5	25	-
Oklahoma	18	-	2	3	3	2	1
Oregon	-	-	1	3	4	11	-
Pennsylvania	3	1	-	3	4	11	3
Rhode Island	2	-	-	1	-	3	-
South Carolina	25	1	1	10	2	5	2
South Dakota	1	-	-	1	-	-	-
Tennessee	33	1	-	10	9	6	-
Texas	9	2	1	9	15	11	-
Utah	9	-	1	-	-	-	-
Vermont	*	*	*	*	*	*	*
Virginia	19	1	1	2	10	16	-
Washington	3	-	1	3	6	6	-
West Virginia	15	1	-	2	5	3	1
Wisconsin	6	3	-	4	1	7	-
Wyoming	-	-	-	-	-	1	-

* Vermont has no full-time health organizations rendering local health service.

APPENDIX B (Continued)

Table 7 ---Percent of Pasteurized and Raw Milk Consumed in Areas Served by Reporting Full-Time Health Organizations, Showing the Number of Organizations Grouped According to Percentage of Milk Pasteurized
December 31, 1951

State	Percent of milk consumed		Number of organizations in each percentage group						
	Pasteur-ized	Raw	None	1 - 29	30 - 49	50 - 79	80 - 99	100	Data unsatisfactory
Totals	98.0	2.0	2	6	29	102	577	476	76
Alabama	90.1	9.9	-	4	3	15	24	14	7
Arizona	99.5	0.5	-	-	-	-	3	5	-
Arkansas	97.6	2.4	-	-	-	-	17	9	1
California	97.7	2.3	-	-	1	-	31	11	5
Colorado	100.0	-	-	-	-	-	-	9	-
Connecticut	99.7	0.3	-	-	-	-	4	11	1
Delaware	100.0	-	-	-	-	-	-	4	-
Dist. of Columbia	100.0	-	-	-	-	-	-	1	-
Florida	99.2	0.8	-	-	-	-	27	10	1
Georgia	92.5	7.5	-	1	4	8	17	19	-
Idaho	90.6	9.4	-	-	-	-	5	-	-
Illinois	99.6	0.4	-	-	-	1	11	15	1
Indiana	99.7	0.3	-	-	-	-	3	5	1
Iowa	100.0	-	-	-	-	-	-	1	1
Kansas	93.8	6.2	-	-	-	3	8	3	1
Kentucky	98.0	2.0	-	-	-	9	43	23	-
Louisiana	95.7	4.3	1	-	1	10	23	23	1
Maine	94.7	5.3	-	-	-	-	10	-	-
Maryland	97.5	2.5	-	-	-	1	17	4	2
Massachusetts	99.9	0.1	-	-	-	-	3	6	-
Michigan	99.2	0.8	-	-	2	1	6	40	1
Minnesota	100.0	-	-	-	-	-	-	4	-
Mississippi	98.5	1.5	1	-	-	-	23	35	-
Missouri	97.9	2.1	-	-	5	2	7	6	4
Montana	91.2	8.8	-	-	-	-	3	1	-
Nebraska	99.6	0.4	-	-	-	-	2	2	-
Nevada	99.3	0.7	-	-	-	-	1	1	-
New Hampshire	98.2	1.8	-	-	-	-	1	-	-
New Jersey	99.6	0.4	-	-	-	-	17	43	5
New Mexico	92.9	7.1	-	-	-	1	9	-	-
New York	99.5	0.5	-	-	-	2	30	7	-
North Carolina	91.3	8.7	-	-	4	7	35	21	2
North Dakota	85.6	14.4	-	-	1	2	3	2	-
Ohio	97.8	2.2	-	1	-	5	26	30	4
Oklahoma	92.5	7.5	-	-	1	4	23	1	-
Oregon	96.8	3.2	-	-	-	1	15	3	-
Pennsylvania	99.9	0.1	-	-	-	-	4	16	5
Rhode Island	99.8	0.2	-	-	-	-	2	1	3
South Carolina	88.4	11.6	-	-	2	8	25	9	2
South Dakota	99.1	0.9	-	-	-	-	1	1	-
Tennessee	95.1	4.9	-	-	2	8	28	16	5
Texas	98.5	1.5	-	-	-	2	24	18	3
Utah	-	-	-	-	-	-	-	-	10
Vermont	*	*	*	*	*	*	*	*	*
Virginia	95.2	4.8	-	-	2	6	11	22	8
Washington	99.2	0.8	-	-	-	-	9	10	-
West Virginia	93.1	6.9	-	-	1	6	16	3	1
Wisconsin	98.8	1.2	-	-	-	-	10	10	1
Wyoming	100.0	-	-	-	-	-	-	1	-

* Vermont has no full-time health organizations rendering local health service.



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